Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 1 of 51

| Fill in this information to identify your case:                        |  |
|--|--|
| United States Bankruptcy Court for the:  Northern District of Illinois |  |
| Case number (if known):  | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| P  | art 1: Identify Yourself   |                            |  |
|----|--|----------------------------|--|
|    |  | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case):  |
| 1. | Your full name   |                            |  |
|    | Write the name that is on your government-issued picture   | VINITA                     |  |
| i  | identification (for example, your driver's license or  | First name<br>V            | First name   |
|    | passport).   | Middle name                | Middle name  |
|    | Bring your picture   | MCQUEEN Last name          | Last name  |
|    | identification to your meeting with the trustee.   | rest tenne                 | Last name  |
|    |  | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)   |
| 2. | All other names you have used in the last 8 years  | First name                 | First name   |
|    | Include your married or maiden names.  | Middle name                | Middle name  |
|    |  | Last name                  | Last name  |
|    |  | First name                 | First name   |
|    |  | Middle name                | Middle name  |
|    |  | Last name                  | Last name  |
| 3. | Only the last 4 digits of  | 2 2 4 5                    |  |
|    | your Social Security   | xxx - xx - 2 8 1 5         | xxx - xx   |
|    | number or federal  | OR                         | OR   |
|    | Individual Taxpayer<br>Identification number<br>(ITIN)   | 9 xx - xx                  | 9 xx - xx  |
| -  | THE RESERVE OF THE PARTY OF THE |                            | The state of the s |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 2 of 51

Debtor 1

VINITA V.

McQUEEN Last Name Case number (if known)\_\_\_\_\_

| _  |  |  |                    |  |    |
|----|--|--|--------------------|--|----|
|    |  | About Debtor 1:  |                    | About Debtor 2 (Spouse Only in a Joint Case):  |    |
| 4. | Any business names<br>and Employer<br>Identification Numbers<br>(EIN) you have used in | ☐ I have not used any business names or  | EINs.              | l have not used any business names or EINs.  |    |
|    | the last 8 years   | Business name  | ·                  | Business name  | —  |
|    | Include trade names and doing business as names  |  |                    |  |    |
|    | doing business as flames   | Business name  |                    | Business name  |    |
|    |  | EIN — - — — — — —  |                    | EIN  |    |
|    |  | EIN ,  |                    | EIN  |    |
| 5. | Where you live   |  |                    | If Debtor 2 lives at a different address:  |    |
|    |  | 200 PROVIDENCE DRIVE   |                    |  |    |
|    |  | Number Street  | <del></del>        | Number Street  |    |
|    |  |  |                    |  |    |
|    |  | MATTESON IL  | 60443              |  |    |
|    |  | City State   | ZIP Code           | City State ZIP Co.   | de |
|    |  | County   |                    | County   |    |
|    |  | If your mailing address is different from above, fill it in here. Note that the court will any notices to you at this mailing address. | the one<br>Il send | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |    |
|    |  | Number Street  | <u> </u>           | Number Street  |    |
|    |  | P.O. Box   | <u> </u>           | P.O. Box   |    |
|    |  | City State   | ZIP Code           | City State ZIP Coo   | de |
| 6. | Why you are choosing   | Check one:   | 111KA-9            | Check one:   |    |
|    | this district to file for bankruptcy   | Over the last 180 days before filing this p I have lived in this district longer than in other district.                               | petition,<br>any   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |    |
|    |  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |                    | ☐ I have another reason, Explain, (See 28 U.S.C. § 1408.)  |    |
|    |  |  |                    |  | _  |
|    |  |  |                    |  |    |
|    |  |  |                    |  | _  |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 3 of 51

Debtor 1

VINITA V.

McQUEEN Lest Name

Case number (# known)

| 7. The chapter of the Bankruptcy Code you are choosing to file under  Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342 for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate under  Chapter 7  Chapter 11  Chapter 12  | e box.   |
|--|--|
| are choosing to file   |  |
| ☐ Chapter 11 ☐ Chapter 12  | clerk's office in your   |
| ·  | clerk's office in your   |
| ☐ Chapter 13   | clerk's office in your   |
| — -·· · · ·  | clerk's office in your   |
| 8. How you will pay the fee  I will pay the entire fee when I file my petition. Please check with the local court for more details about how you may pay. Typically, if you are yourself, you may pay with cash, cashier's check, or money order. If you submitting your payment on your behalf, your attorney may pay with a count of pay the fee in installments. If you choose this option, sign an Application for Individuals to Pay The Filing Fee in Installments (Official)  I request that my fee be waived (You may request this option only if you gay a judge may, but is not required to, waive your fee, and may do less than 150% of the official poverty line that applies to your family size pay the fee in installments). If you choose this option, you must fill out the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your payons. | ar attorney is credit card or check and attach the Form 103A).  The course filing for Chapter 7. so only if your income is a and you are unable to the Application to Have the |
| 9. Have you filed for No bankruptcy within the   |  |
| last 8 years?  | •  |
| District When Case number  |  |
|  |  |
| District When Case number MM / DD / YYYY   |  |
| 10. Are any bankruptcy ☑ No  |  |
| cases pending or being filed by a spouse who is Yes. Debtor Relationship   | to you   |
| med by a openior wife to   | r, if known  |
| Debtor Relationship  | to you   |
| District When Case numbe MM / DD / YYYY  | r, if known  |
| 11. Do you rent your residence? □ No. Go to line 12. □ Yes. Has your landlord obtained an eviction judgment against you and do you versidence? □ No. Go to line 12. □ Yes. Fill out Initial Statement About an Eviction Judgment Against You this bankruptcy petition.   |  |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 4 of 51

| Pehto | r 1 |
|-------|-----|

| VINITA     | V.        |
|------------|-----------|
| First Name | Middle Na |

McQUEEN Lest Name Case number (# known)\_\_\_\_\_

| I.      | of any full- or part-time  ousiness?  Yes. Name and location of business   |            |   |                              |  |         |                  |                  |
|---------|--|------------|---|------------------------------|--|---------|------------------|------------------|
|         | sole proprietorship is a usiness you operate as an   |            |   |                              |  |         |                  |                  |
| i       | ndividual, and is not a eparate legal entity such as   |            | Name of business, if any  |                              |  |         |                  |                  |
| 8       | corporation, partnership, or LC.   |            | Number Street   |                              | <u></u>                                |         |                  |                  |
| ŀ       | you have more than one   |            |   |                              |  |         |                  |                  |
| 9       | ole proprietorship, use a eparate sheet and attach it  |            | -   |                              |  |         |                  |                  |
| t       | o this petition.   |            | City  |                              | State                                  | 1       | ZIP Code         |                  |
|         |  |            | Check the appropriate b   | oox to describe y            | our business:                          |         |                  |                  |
|         |  |            | ☐ Health Care Busines   | ss (as defined in            | 11 U.S.C. § 101(2                      | 7A))    |                  |                  |
|         |  |            | ☐ Single Asset Real E   | state (as defined            | in 11 U.S.C. § 101                     | (51B)   | )                |                  |
|         |  |            | ☐ Stockbroker (as defi  | ined in 11 U.S.C.            | § 101(53A))                            |         |                  |                  |
|         |  |            | Commodity Broker (  | as defined in 11             | U.S.C. § 101(6))                       |         |                  |                  |
|         |  |            | ☐ None of the above   |                              |  |         |                  |                  |
| e<br>F  | Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see                    | any of the | cent balance sheet, state<br>nese documents do not e<br>I am not filing under Cha<br>I am filing under Chapte | exist, follow the papter 11. | rocedure in 11 U.S                     | .C. § 1 | l116(1)(B).      |                  |
|         | 1 U.S.C. § 101(51D).   | ☐ Yes      | the Bankruptcy Code.  I am filing under Chapte  | or 11 and I am a             | small husiness deh                     | for ac  | cording to the d | efinition in the |
|         |  | _ 105      | Bankruptcy Code.  |                              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |         | 50.0mg 15 0.0 0  |                  |
| ar      | t 4: Report if You Own   | or Have    | Any Hazardous Prop  | erty or Any P                | roperty That Ne                        | eds     | Immediate A      | ittention        |
|         |  |            |   | ·                            | -                                      |         |                  |                  |
| F       | o you own or have any property that poses or is  | ☑ No       | What is the hazard?   |                              |  |         |                  |                  |
|         | Ileged to pose a threat if imminent and  | La res.    | vvnat is the nazard?  |                              |  |         |                  |                  |
|         | dentifiable hazard to<br>public health or safety?  |            |   |                              | ·                                      |         |                  | •                |
| Ċ       | or do you own any  |            |   |                              |  |         |                  |                  |
|         | roperty that needs<br>mmediate attention?  |            | If immediate attention  | is needed, why is            | it needed?                             |         |                  | <u> </u>         |
| p<br>ti | or example, do you own<br>erishable goods, or livestock<br>nat must be fed, or a building<br>nat needs urgent repairs? |            |   |                              |  |         |                  |                  |
|         |  |            | Where is the property?  |                              |  |         |                  | <del></del>      |
|         |  |            |   | Number                       | Street                                 |         |                  |                  |

Case 16-40479 Doc 1

Filed 12/28/16 Document Entered 12/28/16 12:20:45 Page 5 of 51

Desc Main

Debtor 1

VINITA V.

McQUEEN\_

Case number (# known)

Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. **About Debtor 1:** 

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

reasonably tried to do so.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-40479 Doc 1 Filed 12/28/16

Document

Entered 12/28/16 12:20:45 Desc Main Page 6 of 51

Debtor 1

VINITA First Name

McQUEEN Last Name

Case number (# known)

| Pa  | rt 6: Answer These Ques   | stions for Reporting Purposes  |   |   |
|-----|---|--|---|---|
| 16. | What kind of debts do you have?   | 16a. Are your debts primarily c<br>as "incurred by an individual pri   | consumer debts? Consumer debts marily for a personal, family, or house  | s are defined in 11 U.S.C. § 101(8)<br>ehold purpose."  |
|     | you navo:   | No. Go to line 16b. Yes. Go to line 17.  |   |   |
|     |   | 16b. Are your debts primarily be money for a business or investr   | pusiness debts? Business debts a<br>ment or through the operation of the b  | re debts that you incurred to obtain<br>ousiness or investment.   |
|     |   | <ul><li>□ No. Go to line 16c.</li><li>☑ Yes. Go to line 17.</li></ul>  |   |   |
|     |   | 16c. State the type of debts you owe   | e that are not consumer debts or busi   | ness debts.   |
| 17. | Are you filing under Chapter 7?   | ☐ No. 1 am not filing under Chapte   | er 7. Go to line 18.  |   |
|     | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Yes. I am filing under Chapter 7. administrative expenses are No Yes   | Do you estimate that after any exeme paid that funds will be available to d                                       | pt property is excluded and<br>listribute to unsecured creditors?   |
| 18. | How many creditors do you estimate that you owe?  | ☐ 1-49<br>☐ 50-99<br>☑ 100-199<br>☐ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000  | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |
| 19. | How much do you estimate your assets to be worth?   | □ \$0-\$50,000<br>□ \$50,001-\$100,000<br>☑ \$100,001-\$500,000<br>□ \$500,001-\$1 million                   | □ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion         |
| 20. | How much do you estimate your liabilities to be?  | □ \$0-\$50,000<br>□ \$50,001-\$100,000<br>□ \$100,001-\$500,000<br>□ \$500,001-\$1 million                   | □ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million | □ \$500,000,001-\$1 billion □ \$1,000,000,001-\$10 billion □ \$10,000,000,001-\$50 billion □ More than \$50 billion |
| Pa  | rt 7: Sign Below  |  |   |   |
| Fo  | or you  | I have examined this petition, and I correct.  | declare under penalty of perjury that t   | the information provided is true and  |
|     |   |  | er 7, I am aware that I may proceed, it<br>derstand the relief available under each                               | f eligible, under Chapter 7, 11,12, or 13<br>ch chapter, and I choose to proceed                                    |
|     |   |  | id not pay or agree to pay someone v<br>read the notice required by 11 U.S.C.                                     | vho is not an attorney to help me fill out § 342(b).  |
|     |   | I request relief in accordance with th   | e chapter of title 11, United States C  | ode, specified in this petition.  |
|     |   | I understand making a false stateme with a bankruptcy case can result in 18 U.S.C. §§ 152, 1341, 1519, and 3 | fines up to \$250,000, or imprisonmen   | rnoney or property by fraud in connection<br>nt for up to 20 years, or both.  |
|     |   | <b>★</b> /S/VINITA V MCQUEEN   | *   |   |
|     |   | Signature of Debtor 1  | Signature   | of Debtor 2   |
|     |   | Executed on 12/22/2016 MM / DD / YYYY  | Executed  | on MM / DD / YYYY   |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 7 of 51

| Debtor 1 | VINITA           | V        | McQUEEN   | Case number (# known) |  |
|----------|------------------|----------|-----------|-----------------------|--|
|          | First Name Middl | lle Name | Last Name |                       |  |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligibley. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a Case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/AJA M. CARR FAVORS Signature of Attorney for Debtor         | Date          | 12/18/2016<br>MM / DD /YYYY |
|--|---------------|-----------------------------|
| AJALTERIA M FAVORS Printed name  FAVORS LAW FIRM LLC Firm name |               |                             |
| P.O. BOX 299 Number Street                                     |               |                             |
| OAK LAWN<br>City   | IL<br>State   | 60453<br>ZIP Code           |
| Contact phone (312) 221-2402                                   | Email address | ajafavors@outlook.com       |
| 6318162 Bar number   | IL<br>State   |                             |

Document

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Page 8 of 51

Debtor 1

VINITA

McQUEEN

Case number (# known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

| Are you aware that filing for bankruptcy is a serious actionsequences?  No Yes  | on with long-term financial and legal   |
|---|---|
| Are you aware that bankruptcy fraud is a serious crime a inaccurate or incomplete, you could be fined or imprison   No   Yes  |   |
| Did you pay or agree to pay someone who is not an atto No Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Decl  |   |
| By signing here, I acknowledge that I understand the ris have read and understood this notice, and I am aware the attorney may cause me to lose my rights or property if I /s/ VINITA V MCQUEEN | nat filing a bankruptcy case without an |
| Signature of Debtor 1   | Signature of Debtor 2                   |
| Date <u>12/22/2016</u><br>MM / DD / YYYY  | Date MM / DD / YYYY                     |
| Contact phone <u>(708)</u> 378-9073   | Contact phone                           |
| Cell phone  | Cell phone                              |
| Email address   | Email address                           |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 9 of 51

| ebtor 1            | VINITA               | V.                        | MCQUEEN   | ١ |
|--------------------|----------------------|---------------------------|-----------|---|
| PEDIOI I           | First Name           | Middle Name               | Last Name |   |
| ebtor 2            |                      |                           |           |   |
| Spouse, if filing) | First Name           | Middle Name               | Lest Name |   |
| laited States I    | Bankruptcy Court for | the: Northern District of | Illinois  |   |
| inileo States i    |                      |                           |           |   |
| inited States i    |                      |                           |           |   |

☐ Check if this is an amended filing

### Official Form 106A/B

# Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

| Street address, if available, or other description  | What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building   | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clair | d claims on <i>Schedule D</i> :       |
|---|--|---|---------------------------------------|
| Street address, if available, or other description  | Condominium or cooperative  Manufactured or mobile home  Land  | Current value of the entire property?   | Current value of the portion you own? |
| City State ZIP Code   | ☐ Investment property  ☐ Timeshare ☐ Other ☐ Who has an Interest in the property? Check one.   | Describe the nature of interest (such as fee the entireties, or a life            | simple, tenancy by                    |
| County  | □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this it property identification number: |   | mmunity property                      |
| ou own or have more than one, list here:  2. Street address, if available, or other description | What is the property? Check all that apply.  Single-family home Duplex or multi-unit building  | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clair | d claims on Schedule D:               |
| Street address, if available, or other description  | ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land  | Current value of the entire property?   | Current value of th portion you own?  |
| City State ZIP Code   | ☐ Investment property ☐ Timeshare ☐ Other  | Describe the nature of interest (such as fee the entireties, or a life            | simple, tenancy by                    |
| County  | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  | Check if this is co   | mmunity property                      |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Documoente Page 10 of 10 number (# known)\_\_\_\_\_\_ Debtor 1 What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put ☐ Single-family home the amount of any secured claims on Schedule D: 1.3. Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Current value of the Current value of the ☐ Condominium or cooperative entire property? portion you own? ■ Manufactured or mobile home ☐ Land ☐ Investment property Describe the nature of your ownership City ZIP Code State ☐ Timeshare Interest (such as fee simple, tenancy by Other\_ the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Debtor 1 and Debtor 2 only ☐ Check if this is community property (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: \_ 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No ☑ Yes DODGE Who has an interest in the property? Check one. 3.1. Make: Do not deduct secured claims or exemptions. Put **STRATUS** the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2005 Year: Current value of the Current value of the Debtor 1 and Debtor 2 only 134000 entire property? Approximate mileage: portion you own? At least one of the debtors and another Other information: 1,500.00 1,500.00 ☐ Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. 3.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only

Approximate mileage:

Other information:

instructions)

At least one of the debtors and another

☐ Check if this is community property (see

portion you own?

entire property?

|  | Debtor 2 only Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  At least one of the debtors and another  Check if this is community property (see instructions)   |   | Current value of the portion you own?  \$   |
|--|---|---|---|
| oximate mileage: r information: e: el: coximate mileage: r information:  discording the property of the proper | At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  and other recreational vehicles, other vehicles, and access watercraft, fishing vessels, snowmobiles, motorcycle accessor.  Who has an interest in the property? Check one. | Do not deduct secured clatte amount of any secure Creditors Who Have Clair.  Current value of the entire property?  \$  | portion you own?  \$  |
| r information:  a: al: coximate mileage: r information:  , aircraft, motor homes, ATVs a Boats, trailers, motors, personal   | Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  and other recreational vehicles, other vehicles, and access watercraft, fishing vessels, snowmobiles, motorcycle accessor.  Who has an interest in the property? Check one.   | Do not deduct secured clathe amount of any secure Creditors Who Have Claim Current value of the entire property?  \$  | aims or exemptions. Put ad claims on Schedule D: ms Secured by Property.  Current value of the portion you own?   |
| e:  coximate mileage:  r information:  , aircraft, motor homes, ATVs a   | instructions)  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  and other recreational vehicles, other vehicles, and access watercraft, fishing vessels, snowmobiles, motorcycle accessed.  Who has an interest in the property? Check one.   | the amount of any secure Creditors Who Have Clain  Current value of the entire property?  \$  | aims or exemptions. Put ed claims on Schedule D: ms Secured by Property.  Current value of the portion you own?   |
| el: coximate mileage: r information: , aircraft, motor homes, ATVs a   | instructions)  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  and other recreational vehicles, other vehicles, and access watercraft, fishing vessels, snowmobiles, motorcycle accessed.  Who has an interest in the property? Check one.   | the amount of any secure Creditors Who Have Clain  Current value of the entire property?  \$  | aims or exemptions. Put ed claims on Schedule D: ms Secured by Property.  Current value of the portion you own?   |
| el: coximate mileage: r information: , aircraft, motor homes, ATVs a   | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  and other recreational vehicles, other vehicles, and access watercraft, fishing vessels, snowmobiles, motorcycle accessor.  Who has an interest in the property? Check one.  | the amount of any secure Creditors Who Have Clain  Current value of the entire property?  \$  | ed claims on Schedule Dams Secured by Property.  Current value of the portion you own?  |
| cximate mileage: r information: , aircraft, motor homes, ATVs a  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  and other recreational vehicles, other vehicles, and access watercraft, fishing vessels, snowmobiles, motorcycle accessor.  Who has an interest in the property? Check one.   | Creditors Who Have Claim Current value of the entire property?  \$  | Current value of the portion you own?   |
| oximate mileage: r information: , aircraft, motor homes, ATVs a Boats, trailers, motors, personal  | Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  and other recreational vehicles, other vehicles, and access watercraft, fishing vessels, snowmobiles, motorcycle accessor.  Who has an interest in the property? Check one.   | Current value of the entire property?  \$ ssories pries   | Current value of the portion you own?   |
| oximate mileage: r information: , aircraft, motor homes, ATVs a Boats, trailers, motors, personal  | At least one of the debtors and another  Check if this is community property (see instructions)  and other recreational vehicles, other vehicles, and access watercraft, fishing vessels, snowmobiles, motorcycle accessor.  Who has an interest in the property? Check one.  | entire property?  \$s  ssories  pries   | portion you own?  |
| r information:<br>, aircraft, motor homes, ATVs a<br>Boats, trailers, motors, personal   | Check if this is community property (see instructions)  and other recreational vehicles, other vehicles, and access watercraft, fishing vessels, snowmobiles, motorcycle accessor.  Who has an interest in the property? Check one.   | \$ssories   | \$  |
| , aircraft, motor homes, ATVs a<br>Boats, trailers, motors, personal   | instructions)  and other recreational vehicles, other vehicles, and access watercraft, fishing vessels, snowmobiles, motorcycle accesso  Who has an interest in the property? Check one.  | ories   |   |
| Boats, trailers, motors, personal  | instructions)  and other recreational vehicles, other vehicles, and access watercraft, fishing vessels, snowmobiles, motorcycle accesso  Who has an interest in the property? Check one.  | ories   |   |
| Boats, trailers, motors, personal  | and other recreational vehicles, other vehicles, and access watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one.  | ories   |   |
| Boats, trailers, motors, personal  | watercraft, fishing vessels, snowmobiles, motorcycle accessor  Who has an interest in the property? Check one.  | ories   |   |
| el:<br>:<br>r information:   | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  | the amount of any secure Creditors Who Have Clain  Current value of the entire property?  | d claims on Schedule D:   |
| or have more than one, list here;  |   |   |   |
| ):   | Who has an interest in the property? Check one.   | Do not deduct secured cla   | alms or exemptions. Put   |
|  | Debtor 1 only   | the amount of any secured   | d claims on Schedule D:   |
| S. 8-3   |   | Creditors who Have Clain  | ns Securea by Property.   |
|  |   | Current value of the  | Current value of the  |
| r information:   | At least one of the debtors and another   | entire property?  | portion you own?  |
|  |   |   |   |
|  | Check if this is community property (see instructions)  | \$  | \$  |
|  | r have more than one, list here;  | At least one of the debtors and another  Check if this is community property (see instructions)  Thave more than one, list here:  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions) | At least one of the debtors and another entire property?  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Do not deduct secured clathe amount of any secure. Creditors Who Have Claim. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Current value of the entire property?  Check if this is community property (see |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main VINITA V. Doc WTO PUEF Page 12 of 51 number (# Anown)

| B 2.    | Ph 10    | No   |          | 1 44              |    |
|---------|----------|------|----------|-------------------|----|
| Part 3: | Describe | TOUT | Personal | and Household Ite | ms |

| Do you own or have any legal or equitable interest in any of the following items?   | Current value of the portion you own?  Do not deduct secured claim or exemptions. | 18       |
|---|---|----------|
| 6. Household goods and furnishings  | •   |          |
| Examples: Major appliances, furniture, linens, china, kitchenware   |   |          |
| □ No  |   |          |
| Yes. Describe FURNITURE   | \$ 200.0  | <u>0</u> |
| 7. Electronics  | 7   |          |
| Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games  No                        |   |          |
| Yes. Describe TELEVISION, COMPUTER, CELL PHONE  | s100.0  | 0        |
| 8. Collectibles of value  |   |          |
| Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles  No                           |   |          |
| Yes. Describe   | \$  | _        |
| <ol> <li>Equipment for sports and hobbies</li> <li>Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments</li> </ol> |   |          |
| □ No  |   |          |
| Yes. Describe   | \$  | _        |
| 10. Firearms  Examples: Pistols, rifles, shotguns, ammunition, and related equipment  No  |   |          |
| Yes. Describe   | \$  | _        |
| 11. Clothes  Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  No   | -   |          |
| Yes. Describe EVERYDAY CLOTHING   | s150.00   | <u>0</u> |
| 12. Jewelry  Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver  | 7   |          |
| Yes. Describe   | \$  | -        |
| 13. Non-farm animals  Examples: Dogs, cats, birds, horses   |   |          |
| ☐ No ☐ Yes. Describe  |   |          |
|   | \$  | -        |
| 14. Any other personal and household items you did not already list, including any health aids you did not list  No   |   |          |
| Yes. Give specific information,   | \$  | _        |
| 15. Add the dollar value of ail of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here   | s450.00   | <u>)</u> |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main VINITA V. Documenter Page 13 of 51 number (# known)

| Part 4: | Describe | Your F | inancial | <b>Assets</b> |
|---------|----------|--------|----------|---------------|

| Do you own or have any                                      | legal or equitable interest in a                                      | any of the following?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|---|---|---|---|
| 16. Cash  Examples: Money you                               | have in your wallet, in your hom                                      | ne, in a safe deposit box, and on hand when you file you  | r petition  |
| ☑ Yes   |   | Cash:   | ss100.00  |
| and other s   | avings, or other financial accou<br>milar institutions. If you have m | nts; certificates of deposit; shares in credit unions, broke ultiple accounts with the same institution, list each. | erage houses,   |
| ☑ No  |   |   |   |
| ☐ Yes   |   | Institution name:   |   |
|   | 17.1. Checking account:   |   |   |
|   | 17.2. Checking account:   |   | \$  |
|   | 17.3. Savings account:  |   | \$  |
|   | 17.4. Savings account:  |   | · · · · · · · · · · · · · · · · · · ·   |
|   | 17.5. Certificates of deposit:  |   | s   |
|   | 17.6. Other financial account:  |   |   |
|   | 17.7. Other financial account:  |   | · · · · · · · · · · · · · · · · · · ·   |
|   | 17.8. Other financial account:  |   | · · · · · · · · · · · · · · · · · · ·   |
|   | 17.9. Other financial account:  |   | · · · · · · · · · · · · · · · · · · ·   |
|   |   |   |   |
| 18. Bonds, mutual funds,  Examples: Bond funds,  12 No  Yes |   | rage firms, money market accounts   | \$<br>\$  |
|   |   |   | <u> </u>  |
| an LLC, partnership, a                                      | nd joint venture  | ated and unincorporated businesses, including an in   |   |
| ☑ No<br>☐ Yes. Give specific                                | Name of entity:   | 0%  | vnership:   |
| information about them                                      |   | 0%  | % \$  |
| uigiii  |   | 0%  | %   |
|   |   |   | <b></b>   |
|   |   |   |   |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main

VINITA V. DOCMICIQUE: Page 14 of a lumber (# known) Debtor 1

| 20. Government and corpo      | rate bonds and other negotiable and non-negotiable instruments                                      |    |
|-------------------------------|---|----|
|                               | nclude personal checks, cashiers' checks, promissory notes, and money orders.                       |    |
| Non-negotiable instrume       | nts are those you cannot transfer to someone by signing or delivering them.                         |    |
| ☑ No                          |   |    |
| Yes. Give specific            | Issuer name:  |    |
| information about             |   | \$ |
| them                          |   |    |
|                               |   | \$ |
|                               |   | \$ |
|                               |   |    |
| 21. Retirement or pension     | accounts  |    |
| Examples: Interests in IF     | tA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans |    |
| ☑ No                          |   |    |
| Yes. List each                |   |    |
| account separately.           | Type of account: Institution name:  |    |
|                               | 401(k) or similar plan:   | \$ |
|                               |   |    |
|                               | Pension plan:   | \$ |
|                               | IRA:  | \$ |
|                               | Delicensed easewalt   | \$ |
|                               | Retirement account:   |    |
|                               | Keogh:  | \$ |
|                               | Additional account:   | s  |
|                               |   |    |
|                               | Additional account:   | \$ |
|                               |   |    |
| 22. Security deposits and p   | prepayments   |    |
|                               | deposits you have made so that you may continue service or use from a company                       |    |
| Examples: Agreements v        | with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications           |    |
| companies, or others          |   |    |
| ☑ No                          |   |    |
| ☐ Yes                         | Institution name or individual:   |    |
|                               | Electric:   |    |
|                               | Electric.   | \$ |
|                               | Gas:  | \$ |
|                               | Heating oil:  | S  |
|                               | Security deposit on rental unit:  | \$ |
|                               | Prepaid rent:   |    |
|                               | •   | \$ |
|                               | Telephone:  | \$ |
|                               | Water:  | \$ |
|                               | Rented furniture:   | \$ |
|                               | Other:  | Ψ  |
|                               | Outer.  | \$ |
|                               |   |    |
| 23, Annuities (A contract for | a periodic payment of money to you, either for life or for a number of years)                       |    |
| ☑ No                          |   |    |
|                               | Leaves are and deposition.  |    |
| ☐ Yes                         | Issuer name and description:  |    |
|                               |   | \$ |
|                               |   | \$ |
|                               |   | \$ |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main

Debtor 1

Doc Moetre Page 15 of 51 number (# known)

| 24. Interests in an education IRA, in an account in a qualified ABLE program, or under 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).   | a qualified state tuition program.    |  |
|--|---------------------------------------|--|
| ☑ No   |                                       |  |
| Yes  | rds of any interests.11 U.S.C. § 521( | (c):   |
|  |                                       | \$   |
|  |                                       | \$   |
|  |                                       | ¢  |
|  |                                       | 3  |
| 25. Trusts, equitable or future interests in property (other than anything listed in line 1 exercisable for your benefit   | ), and rights or powers               |  |
| ☑ No   |                                       |  |
| Yes. Give specific   | 8-14-1                                |  |
| information about them   |                                       | \$   |
| 28. Patents, copyrights, trademarks, trade secrets, and other intellectual property  Examples: Internet domain names, websites, proceeds from royalties and licensing agree  ✓ No  Yes. Give specific information about them   | ements                                | \$   |
| 77 Liannan funchian and the annual lateration  |                                       |  |
| <ol> <li>Licenses, franchises, and other general intangibles</li> <li>Examples: Building permits, exclusive licenses, cooperative association holdings, tiquor I</li> </ol>  | Icenses professional licenses         |  |
| 2 No   | licelises, professional licelises     |  |
| Yes. Give specific   |                                       |  |
| information about them   |                                       | s  |
|  | <u> </u>                              |  |
| Money or property owed to you?   |                                       | Current value of the                           |
|  |                                       | portion you own?                               |
|  |                                       | Do not deduct secured<br>claims or exemptions. |
| 28. Tax refunds owed to you  |                                       | ·  |
| ☑ No   |                                       |  |
| Yes. Give specific information   |                                       |  |
| about them, including whether  | Federal:                              | \$   |
| you already filed the returns and the tax years  | State:                                | \$   |
| and the tax years  | Local:                                | \$   |
|  |                                       |  |
| 29. Family support   |                                       |  |
| Examples: Past due or lump sum alimony, spousal support, child support, maintenance,   | divorce settlement, property settleme | ent  |
| ☑ No   |                                       |  |
| ☐ Yes, Give specific information   |                                       |  |
|  | Alimony:                              | \$   |
|  | Maintenance:                          | \$   |
|  | Support:                              | \$   |
|  | Divorce settlement:                   | \$   |
|  | Property settlement:                  | \$   |
| 30. Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vac  | ation nav. workers' compensation      |  |
| Social Security benefits; unpaid loans you made to someone else  | www.hell anivers withhersation.       |  |
| ☑ No   |                                       |  |
| ☐ Yes. Give specific information   |                                       |  |
|  |                                       | \$   |
| Control of the Contro |                                       | _  |

Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Documenter Page 16 of 51 Debtor 1 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value. ... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☑ No ☐ Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☑ No Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims 2 No Yes. Describe each claim..... 35. Any financial assets you did not already list 2 No Yes. Give specific information..... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 100.00 for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. tion over as have one local and advised by the terms to the terms.

| 37 Do you own or have any legal or equitable interest in any business-related property? |  |
|---|--|
| No. Go to Part 6.   |  |
| ☐ Yes. Go to line 38.   |  |
|   | Current value of the portion you own?          |
|   | Do not deduct secured claims<br>or exemptions. |
| 38. Accounts receivable or commissions you already earned                               |  |
| □ No.   |  |

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

Yes. Describe.....

☐ Yes. Describe.....

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main

VINITA V. DOCMIDEDED Page 17 of 51 number (# Anown)

40 Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

| 40 Machinery, fixtures, e | quipment, supplies you use in business, and tools of your trade  |                   |  |
|---------------------------|--|-------------------|--|
| □ No                      |  |                   |  |
| Yes. Describe             |  |                   | 4  |
| 1                         |  |                   | J-   |
| 41. Inventory             |  |                   |  |
| □ No                      |  |                   |  |
| Yes. Describe             |  |                   | \$   |
|                           |  |                   | ]  |
| 42.Interests in partnersh | ios or joint ventures  |                   |  |
| □ No                      |  |                   |  |
| Yes. Describe             | Name of entity   | % of ownership:   |  |
|                           |  | % of ownership.   | \$   |
|                           |  | %                 | \$   |
|                           |  |                   | \$   |
|                           |  |                   | · ·  |
|                           | g lists, or other compilations   |                   |  |
| □ No                      |  |                   |  |
|                           | Include personally identifiable information (as defined in 11 U.S.C. § 101(41A   | ))7               |  |
| ☐ No<br>☐ Yes. Desc       | viho   |                   | 1  |
| Car res, Desc             | AIDE   |                   | \$   |
|                           | President Program Program (Program Control Con |                   |  |
|                           | property you did not already list  |                   |  |
| ☐ No☐ Yes. Give specific  |  |                   |  |
| information               |  |                   | \$   |
|                           |  |                   | \$   |
|                           |  |                   | \$   |
|                           |  |                   | \$   |
|                           |  |                   | s  |
|                           |  | - Year Francisco  | •  |
|                           |  |                   | \$   |
|                           | of all of your entries from Part 5, including any entries for pages you have at  |                   | \$   |
| for Part 5. Write that !  | number here  | 7                 |  |
|                           |  |                   |  |
|                           |  |                   |  |
|                           | ny Farm- and Commercial Fishing-Related Property You Own or Ha<br>r have an interest in farmland, list it in Part 1.   | ve an interest in | •  |
|                           |  |                   |  |
| 46. Do you own or have a  | ny legal or equitable interest in any farm- or commercial fishing-related prop   | erty?             |  |
| No. Go to Part 7.         |  |                   |  |
| Yes, Go to line 47,       |  |                   |  |
|                           |  |                   | Current value of the                           |
|                           |  |                   | portion you own?  Do not deduct secured claims |
|                           |  |                   | or exemptions.                                 |
| 47. Farm animals          | author form spice of Eath  |                   |  |
| Examples: Livestock, p    | ountry, rarm-raised rish   |                   |  |
| □ No                      |  |                   | 1  |
| ☐ Yes                     |  |                   |  |
|                           |  |                   | \$   |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main VINITA V. Doc Michiel Page 18 of 51 number (# Anoum)\_\_\_\_\_\_\_

48. Crops-either growing or harvested ☐ No ☐ Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed ☐ No ☐ Yes 51. Any farm- and commercial fishing-related property you did not already list ☐ No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here ..... Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☑ No ☐ Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 1,500.00 56. Part 2: Total vehicles, line 5 450.00 57. Part 3: Total personal and household items, line 15 100.00 58. Part 4: Total financial assets, line 36 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 2,050.00 Copy personal property total 2.050.00 62. Total personal property. Add lines 56 through 61. ..... 2,050,00 63. Total of all property on Schedule A/B. Add line 55 + line 62.

Schedule A/B: Property

Entered 12/28/16 12:20:45 Desc Main Case 16-40479 Doc 1 Filed 12/28/16 Document Page 19 of 51

| Fill in this in     | formation to ide    | entify your case:               |           |
|---------------------|---------------------|---------------------------------|-----------|
| Debtor 1            | VINITA              | V.                              | MCQUEEN   |
|                     | First Name          | Middle Name                     | Last Name |
| Debtor 2            |                     |                                 |           |
| (Spouse, if filing) | First Name          | Middle Name                     | Last Name |
| United States I     | Bankruptcy Court fo | or the: Northern District of II | linois    |
| Case number         |                     |                                 |           |
| (If known)          |                     |                                 |           |
|                     |                     |                                 |           |

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| hat allow exemption |
|---------------------|
|                     |
| 12-1001(c)          |
|                     |
| 12-1001 (b)         |
|                     |
| 12-1001 (b)         |
|                     |
|                     |
|                     |
|                     |
|                     |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 20 of 51

Case number (# Anna

Debtor 1

VINITA First Name

#### **Additional Page** Part 2:

| Brief description on Schedule A | on of the property and line<br>/B that lists this property | Current value portion you   |        | Amount of the exemption you claim                                    | Specific laws that allow exemption |
|---------------------------------|--|-----------------------------|--------|--|------------------------------------|
|                                 |  | Copy the val<br>Schedule A/ |        | Check only one box for each exemption                                |                                    |
| Brief description:              | CLOTHING   | \$                          | 150.00 | <b></b>  | 735 ILCS 5/12-1001 (b)             |
| Line from Schedule A/B:         | 11   |                             |        | 100% of fair market value, up to<br>any applicable statutory limit   |                                    |
| Brief description:              | _CASH  | \$                          | 100.00 | □ s  | 735 ILCS 5/12-1001 (b)             |
| Line from<br>Schedule A/B:      |  |                             |        | 100% of fair market value, up to any applicable statutory limit      |                                    |
| Brief description:              |  | \$                          |        | <b>\$</b>  |                                    |
| Line from<br>Schedule A/B:      |  |                             |        | 100% of fair market value, up to any applicable statutory limit      |                                    |
| Brief<br>description:           |  | \$                          |        | <u> </u>   |                                    |
| Line from<br>Schedule A/B:      |  |                             |        | ☐ 100% of fair market value, up to any applicable statutory limit    |                                    |
| Brief<br>description:           |  | \$                          |        | <u> </u>   |                                    |
| Line from<br>Schedule A/B:      |  |                             |        | ☐ 100% of fair market value, up to<br>any applicable statutory limit |                                    |
| Brief description:              |  | \$                          |        | □ \$   |                                    |
| Line from<br>Schedule A/B:      |  |                             |        | ☐ 100% of fair market value, up to<br>any applicable statutory limit |                                    |
| Brief<br>description:           |  | \$                          |        | <u> </u>   |                                    |
| Line from<br>Schedule A/B:      |  |                             |        | ☐ 100% of fair market value, up to any applicable statutory limit    |                                    |
| Brief<br>description:           |  | \$                          |        | <b></b>  |                                    |
| Line from<br>Schedule A/B:      |  |                             |        | 100% of fair market value, up to<br>any applicable statutory limit   |                                    |
| Brief<br>description:           |  | \$                          |        | <b>-</b> s   |                                    |
| Line from<br>Schedule A/B:      |  |                             |        | ☐ 100% of fair market value, up to<br>any applicable statutory limit |                                    |
| Brief<br>description:           |  | \$                          |        | <b>_</b> s   |                                    |
| Line from<br>Schedule A/B:      |  |                             |        | 100% of fair market value, up to any applicable statutory limit      |                                    |
| Brief<br>description:           |  | \$                          |        | <u>s</u>   |                                    |
| Line from<br>Schedule A/B:      |  |                             |        | ☐ 100% of fair market value, up to any applicable statutory limit    |                                    |
| Brief<br>description:           |  | \$                          |        | <b>-</b> \$  |                                    |
| Line from<br>Schedule A/B:      |  |                             |        | 100% of fair market value, up to any applicable statutory limit      |                                    |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 21 of 51

|                        |                     |                              | Document  | i age z |
|------------------------|---------------------|------------------------------|-----------|---------|
| Fill in this in        | nformation to ide   | entify your case:            |           |         |
| Debtor 1               | VINITA              | V.                           | MCQUEEN   | 1       |
|                        | First Name          | Middle Name                  | Last Name |         |
| Debtor 2               |                     |                              |           |         |
| (Spouse, if filing)    | First Name          | Middle Name                  | Last Name |         |
| United States          | Bankruptcy Court fo | or the: Northern District of | Illinois  |         |
| Case number (If known) |                     |                              |           |         |

Check if this is an amended filing

## Official Form 106D

# Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

Do any creditors have claims secured by your property?
 No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

| for each claim. If more than one creditor  | more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. habetical order according to the creditor's name.   | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecure portion If any |
|--|---|---|---|----------------------------------|
| .1   | Describe the property that secures the claim:   | \$  | _ S   | 5                                |
| Creditor's Name  |   | 1   |   |                                  |
| Number Street  | -   |   |   |                                  |
|  | As of the date you file, the claim is: Check all that apply.  | <b>-</b> 1 °.   |   |                                  |
| · · · · · · · · · · · · · · · · · · ·  | Contingent  |   |   |                                  |
|  | Unliquidated  |   |   |                                  |
| City State ZIP Code  | ☐ Disputed  |   |   |                                  |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.   |   |   |                                  |
| ☐ Debtor 1 only  | An agreement you made (such as mortgage or secured  |   |   |                                  |
| Debtor 2 only  | car loan)   |   |   |                                  |
| Debtor 1 and Debtor 2 only   | Statutory llen (such as tax llen, mechanic's lien)  |   |   |                                  |
| At least one of the debtors and another  | Judgment lien from a lawsuit  |   |   |                                  |
| Check if this claim relates to a community debt  | Other (including a right to offset)   | -   |   |                                  |
| Date debt was incurred   | Last 4 digits of account number   |   |   |                                  |
| 2  | Describe the property that secures the claim:   | s   | s :   |                                  |
| Creditor's Name  |   | 1   | -   |                                  |
|  |   |   |   |                                  |
| Number Street  | •   |   |   |                                  |
| Number Street  | As of the date you file, the claim is: Check all that apply   |   |   |                                  |
| Number Street  | As of the date you file, the claim is: Check all that apply.  Continuent  | ļ   |   |                                  |
| Number Street  | Contingent  | J   |   |                                  |
| Number Street  City State ZIP Code   |   | ļ   |   |                                  |
|  | Contingent Unliquidated   |   |   |                                  |
| City State ZIP Code  | Contingent Unliquidated Disputed Nature of Ilen. Check all that apply.  | ļ   |   |                                  |
| City State ZiP Code  Who owes the debt? Check one.   | Contingent Unliquidated Disputed  Nature of Iten. Check all that apply.  An agreement you made (such as mortgage or secured car loan)   | ļ   |   |                                  |
| City State ZiP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien)                              | ]   |   |                                  |
| City State ZiP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only                            | Contingent Unliquidated Disputed  Nature of Ilen. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | ]   |   |                                  |
| City State ZiP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien)                              |   |   |                                  |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main

Fill in this information to identify your case:

Debtor 1 VINITA V. MCQUEEN

MCQUEEN

| Fill in this is                | nformation to ide   | ntify your case:              | Joodinent 1 age 22 |
|--------------------------------|---------------------|-------------------------------|--------------------|
| Debtor 1                       | VINITA              | V.                            | MCQUEEN            |
| <i>D</i> CD(0) (               | First Name          | Middle Name                   | Last Name          |
| Debtor 2<br>(Spouse, if filing | ) First Name        | Middle Name                   | Last Name          |
| United States                  | Bankruptcy Court fo | r the: Northern District of I | llinois            |
| Case number                    | •                   | · · · · · ·                   | <del></del>        |

### Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

|           | List til af Varra DDIODITY Hannering   | d Claims   |  |                               |                             |
|-----------|--|--|--|-------------------------------|-----------------------------|
| 2. 1<br>e | Do any creditors have priority unsecured claims No. Go to Part 2. Yes. List all of your priority unsecured claims. If a creach claim listed, identify what type of claim it is. If a contributive amounts. As much as possible, list the contributive amounts. | against you?  Inditor has more than one priority unsecured claim, list the claim has both priority and nonpriority amounts, list the laims in alphabetical order according to the creditor's napart 1. If more than one creditor holds a particular claim, | at claim here aume. If you hav, list the other of the oth | nd show both<br>e more than t | priority and<br>wo priority |
|           | City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  No                         | Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify                        |  |                               |                             |
| 2.2       | Priority Creditor's Name  Number Street  | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent  |  | \$                            | \$                          |
|           | City State ZIP Code  Who Incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes                      | Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify                                   |  |                               |                             |

| Case 16  | -40479 Doc 1  | Filed 12/28/16  | Entered 12/28/16 12  | :20:45                                       | Desc Main  |                                 |
|--|---|---|--|--|--|---------------------------------|
| Fill in this information to  | o identify your case:   | Document  | Page 23 of 51  |  |  |                                 |
| Debtor 1 VINITA  | V.  | MCQUE   | EN   |  |  |                                 |
| First Name Debtor 2  | Middle Name   | Last Name   |  |  |  |                                 |
| (Spouse, if filing) First Name   | Mkidle Name   | Last Name   |  |  |  |                                 |
| United States Bankruptcy Co  | ourt for the: Northern Distric  | t of Illinois   |  |  | _  |                                 |
| Case number  |   |   |  |  |  | k if this is an<br>nded filing  |
| (II MOMI)  |   |   |  |  |  | <b>3</b>                        |
| Official Form 10   | 06E/F   |   |  |  |  |                                 |
| Schedule E/F   | : Creditors V   | Vho Have U  | nsecured Clain   | ns   |  | 12/15                           |
| List the other party to any A/B: Property (Official Fo creditors with partially se needed, copy the Part you any additional pages, write | y executory contracts or<br>rm 106A/B) and on Sche-<br>cured claims that are list<br>u need, fill it out, number<br>te your name and case n | unexpired leases that dule G: Executory Conted in Schedule D: Created in Schedule D: Created in the box umber (if known). | RIORITY claims and Part 2 for<br>could result in a claim. Also is<br>tracts and Unexpired Leases (<br>ditors Who Have Claims Secur<br>es on the left. Attach the Conti | st executory<br>Official Form<br>ed by Prope | contracts on So<br>106G). Do not<br>rty. If more space   | chedule<br>include any<br>ce is |
| Part 1: List All of Yo   | our PRIORITY Unsecu   | red Claims  |  |  |  |                                 |
| 1. Do any creditors have No. Go to Part 2.   | priority unsecured clain  | ns against you?   |  |  |  |                                 |
| Yes.   |   |   |  |  |  |                                 |
| List all of your priority<br>each claim listed, identi<br>nonpriority amounts. As<br>unsecured claims, fill or                           | fy what type of claim it is. I<br>s much as possible, list the<br>ut the Continuation Page o  | f a claim has both priorit<br>claims in alphabetical o<br>f Part 1. If more than one                                      | ne priority unsecured claim, list the yand nonpriority amounts, list the red according to the creditor's national claim and the instruction booklet.)                  | at claim here<br>ame. If you h               | and show both pave more than to  | priority and<br>vo priority     |
| , ,  |   |   | ŕ  | Total claim                                  | And the Contract of the Contra | Nonpriority                     |
| 2.1  |   |   |  |  | amount   | amount                          |
| Priority Creditor's Name   |   | Last 4 digits of acco   | unt number   | \$   | \$   | <u>\$</u>                       |
|  |   | When was the debt i   | ncurred?   |  |  |                                 |
| Number Street  |   |   |  |  |  |                                 |
| -  |   |   | le, the claim is: Check all that apply   |  |  |                                 |
| City   | State ZIP Code  | Contingent Unliquidated   |  |  |  |                                 |
| Who incurred the deb   | t? Check one.   | Disputed  |  |  |  |                                 |
| Debtor 1 only Debtor 2 only  |   | Type of PRIORITY  | insectired claim:  |  |  |                                 |
| Debtor 1 and Debtor  | 2 only  | Domestic support of   |  |  |  |                                 |
| At least one of the de   | ebtors and another  |   | other debts you owe the government   |  |  |                                 |
| Check if this claim  | is for a community debt   |   | personal injury while you were   |  |  |                                 |
| is the claim subject to  | offset?   | intoxicated   |  |  |  |                                 |
| □ No □ Yes   |   | Other. Specify  |  |  |  |                                 |
| 2.2  |   | Last 4 digits of soco   | unt number   |  |  |                                 |
| Priority Creditor's Name   |   | When was the debt i   | unt number   | \$   | \$   | _ \$                            |
| Number Street  |   | Added Ass the dent i  |  |  |  |                                 |
|  |   | · _   | e, the claim is: Check all that apply  |  |  |                                 |
|  |   | Contingent  |  |  |  |                                 |
| City   | State ZIP Code  | Unliquidated  |  |  |  |                                 |
| Who incurred the deb   | t? Check one.   | Disputed  |  |  |  |                                 |
| Debtor 1 only Debtor 2 only  |   | Type of PRIORITY (  | insecured claim:   |  |  |                                 |
| Debtor 1 and Debtor  | 2 only  | ☐ Domestic support of   | _  |  |  |                                 |
| At least one of the de   |   |   | other debts you owe the government   |  |  |                                 |
| _  | is for a community debt   | Claims for death or<br>intoxicated  | personal injury while you were   |  |  |                                 |
| Is the claim subject to  | offset?   |   |  |  |  |                                 |
| □ No   |   |   |  |  |  |                                 |

| Case       | 16-40479    | , Doc 1  | Filed 12/28/16        | Entered 12/28/16 12:20:45<br>Page 24 of Tumber (1/ Anown) | Desc Main |
|------------|-------------|----------|-----------------------|---|-----------|
| MINITA     |             | ٧.       | Document              | EDana 24 o€assenumber (#known)                            |           |
| First Name | Middle Name | Last Nam | <del>Document -</del> | raye 24 01 31   | • • •     |

| Pa  | rt 2:              | List All of Your NONPRIO   | RITY Uns                      | ecured Claims        | <u> </u>  |           |             |
|-----|--------------------|--|-------------------------------|----------------------|---|-----------|-------------|
|     |                    | y creditors have nonpriority ur                                    |                               | _                    |   |           |             |
|     | V Ye               | . You have nothing to report in the<br>s                           | nis part. Sub                 | mit this form to the | court with your other schedules.  |           |             |
|     | nonprio<br>include | ority unsecured claim. list the cre                                | ditor separa<br>ditor holds a | tely for each claim. | rder of the creditor who holds each claim. If a creditor has<br>For each claim listed, identify what type of claim it is. Do not<br>st the other creditors in Part 3.If you have more than three no | list clai | ims already |
|     |                    |  |                               |                      |   | Tota      | ıl claim    |
| 4.1 |                    | CY'S   |                               |                      | Last 4 digits of account number   | \$        | 5,212.00    |
|     | •                  | BOX 8218   |                               |                      | When was the debt incurred? 01/01/2015  |           |             |
|     | MAS<br>City        | SON  | OH<br>State                   | 45040<br>ZIP Code    | As of the date you file, the claim is: Check all that apply.  |           |             |
|     | Olly               |  | 0.0.0                         |                      | Contingent  |           |             |
|     | □ D                | incurred the debt? Check one. ebtor 1 only ebtor 2 only            |                               |                      | Unliquidated Disputed   |           |             |
|     | □ p                | ebtor 1 and Debtor 2 only  |                               |                      | Type of NONPRIORITY unsecured claim:  |           |             |
|     |                    | t least one of the debtors and anothe                              |                               |                      | Student loans     Obligations arising out of a separation agreement or divorce  |           |             |
|     |                    | heck if this claim is for a commu                                  | inity debt                    |                      | that you did not report as priority claims  |           |             |
|     | ☑ N                |  |                               |                      | Debts to pension or profit-sharing plans, and other similar debts  Other. Specify   | j         |             |
|     | □ Y                | es   |                               |                      |   |           |             |
| 4.2 |                    | NCB/SAM'S CLUB   |                               |                      | Last 4 digits of account number When was the debt incurred? 07/07/2014  | \$        | 1,106.00    |
|     |                    | ority Creditor's Name BOX 965005                                   |                               |                      | What was the dept dictaled?   |           |             |
|     | Numbe              | er Street<br>LANDO   | FL                            | 32896                | As of the date you file, the claim is: Check all that apply.  |           |             |
|     | City               |  | State                         | ZIP Code             | ☐ Contingent  |           |             |
|     | _                  | incurred the debt? Check one.                                      |                               |                      | ☐ Unliquidated☐ Disputed☐   |           |             |
|     |                    | ebtor 1 only<br>ebtor 2 only                                       |                               |                      | •   |           |             |
|     |                    | ebtor 1 and Debtor 2 only<br>t least one of the debtors and anothe | _                             |                      | Type of NONPRIORITY unsecured claim:  Student loans   |           |             |
|     | _                  | heck if this claim is for a commu                                  |                               |                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |           |             |
|     |                    | e claim subject to offset?   |                               |                      | Debts to pension or profit-sharing plans, and other similar debts   | š         |             |
|     | V N                |  |                               |                      | Other. Specify  |           |             |
| 4.3 |                    | NCB/TJX COS  |                               |                      | Last 4 digits of account number   |           | 13,968.00   |
|     | Nonpri             | iority Creditor's Name   |                               |                      | When was the debt incurred? 02/01/2013  | \$        | 13,300.00   |
|     | Numbe              |  |                               |                      |   |           |             |
|     | OR                 | LANDO  | FL<br>State                   | 32896<br>ZIP Code    | As of the date you file, the claim is: Check all that apply.  |           |             |
|     | Who                | Incurred the debt? Check one.                                      |                               |                      | Contingent  |           |             |
|     |                    | ebtor 1 only<br>ebtor 2 only                                       |                               |                      | ☐ Unliquidated ☐ Disputed   |           |             |
|     | _                  | ebtor 1 and Debtor 2 only t least one of the debtors and anothe    |                               |                      | Type of NONPRIORITY unsecured claim:  |           |             |
|     |                    | t least one or the debtors and anothe                              |                               |                      | Student loans  Obligations stilled out of a separation agreement or dispress  |           |             |
|     |                    | neck if this claim is for a commu<br>e claim subject to offset?    | ninty uabt                    |                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |           |             |
|     | Ø N                | 0  |                               |                      | Debts to pension or profit-sharing plans, and other similar debts     Other. Specify  |           |             |

| Case 16-40479 Doc 1 | Filed 12/28/16 Entered 12/28/16 12:20:45   | Desc Main   |
|---------------------|--|-------------|
|                     | Document Page 75 of Street was a series of the series of t | <del></del> |

| Debtor 1 VINTIA First Name Mid   | O479 DOC 1 FIIEG 12/28  Lest Name DOCUMEN  RITY Unsecured Claims - Continu |  |             |
|--|--|--|-------------|
| After listing any entries on t   | this page, number them beginning with                                      | 1 4.4, followed by 4.5, and so forth.  | Total claim |
| .4 CHASE Nonpriority Creditor's Name   |  | Last 4 digits of account number  | s 15,761.04 |
| PO BOX 15298   |  | When was the debt incurred? 03/01/2015   |             |
| Number Street WILMINGTON   | DE 19850   | As of the date you file, the claim is: Check all that apply.   |             |
| City   | State ZIP Code   | Contingent Unliquidated  |             |
| Who incurred the debt?   | Check one.   | ☐ Disputed   |             |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only                         | •  | Type of NONPRIORITY unsecured claim:  Student loans  |             |
| ☐ At least one of the debto ☐ Check if this claim is Is the claim subject to o | for a community debt   | <ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify</li> </ul> |             |
| Mo No ☐ Yes  |  |  |             |
| CHASE BANK Nonpriority Creditor's Name   |  | Last 4 digits of account number  | \$ 5,815.00 |
| PO BOX 15298   |  | When was the debt incurred? 01/01/2014   |             |
| Number Street WILMINGTON   | DE 19850   | As of the date you file, the claim is: Check all that apply.   |             |
| City   | State ZIP Code   | Contingent   |             |
| Who incurred the debt?   | Check one  | Unliquidated   |             |
| Debtor 1 only  | Check one.   | ☐ Disputed   |             |
| Debtor 2 only  |  | Type of NONPRIORITY unsecured claim:   |             |
| Debtor 1 and Debtor 2 o  | •  | ☐ Student loans  |             |
| At least one of the debte  |  | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul>  |             |
| Check if this claim is   |  | Debts to pension or profit-sharing plans, and other similar debts  |             |
| Is the claim subject to o  | niser (  | Other. Specify   |             |
| ☐ Yes  |  |  |             |
| 1.6  |  |  | s 527.58    |
| J.P. MORGAN BAN  | NK   | Last 4 digits of account number  |             |
| Nonpriority Creditor's Name  |  | When was the debt incurred? 04/01/2012   |             |
| PO BOX<br>Number Street  |  | As of the date you file, the claim is: Check all that apply.   |             |
| WILMINGTON   | DE 19850<br>State ZIP Code   | Contingent   |             |
| City   | Sinte Zir Cons   | ☐ Unliquidated   |             |
| Who incurred the debt?   | Check one.   | Disputed   |             |
| Debtor 1 only  |  | Tune of MONDDIORITY unprogred eleims   |             |
| Debtor 2 only Debtor 1 and Debtor 2  | only   | Type of NONPRIORITY unsecured claim:   |             |
|  | urry .   | ☐ Student loans  |             |

Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts

**☑** No ☐ Yes

At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community debt

Other Specify\_

esc Main

| Case 16-40479         | Doc 1 Filed 12/28/16 | Entered 12/28/16 12:20:45 Page 26 of 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 | De |
|-----------------------|----------------------|--|----|
| irst Name Middle Name | Last Name            | 1 ago 20 01 02   |    |

| Part 2:                               | Your NONPRIORITY Unsec  | ured Cla    | aims — Continuat    | tion Page  |      |                  |
|---------------------------------------|---|-------------|---------------------|--|------|------------------|
| After lis                             | sting any entries on this page, nur   | mber then   | n beginning with 4. | 4, followed by 4.5, and so forth.  | Tot  | al claim         |
| Nong                                  | SECRETARY OF STATE/FI priority Creditor's Name 701 S DIRKSEN PKWY   | N RESP      | SECTION             | Last 4 digits of account number 0 6 1 9  When was the debt incurred? 12/26/2015  | s_17 | 7,340.0 <u>∓</u> |
| Num<br>SF                             | nber Street<br>PRINGFIELD   | IL_         | 62723               | As of the date you file, the claim is: Check all that apply.   |      |                  |
| 0000                                  | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a communitie claim subject to offset?   | State       | ZIP Code            | <ul> <li>□ Contingent</li> <li>□ Unliquidated</li> <li>□ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>□ Student loans</li> <li>□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify UNINSURED AUTO</li> </ul> |      |                  |
|                                       | Yes   |             |                     |  |      |                  |
| Noning 25 Num M/City Wh               | DVOCATE SOUTH SUBRUE priority Creditor's Name  509 S STOUGHTON RD  noter Street ADISON  no incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another  Check if this claim is for a communitie claim subject to offset?  No Yes | VVI         | 53716<br>ZIP Code   | When was the debt Incurred?  O1/01/2012  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify        | \$   | 134.35           |
| Noni<br>PC<br>Num<br>AE<br>City<br>Wh | DDISON  To incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a communitie claim subject to offset?   | TX<br>State | 75001<br>ZIP Code   | When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify                    | \$   | 97.66            |

| Case 16-40479         | Doc 1 Filed 12/28/16 | Entered 12/28/16 12:20:45 Page 27 of fumber (# known) | Desc Main |  |
|-----------------------|----------------------|---|-----------|--|
| irst Name Middle Name | Last Name            | 1 490 21 01 02  |           |  |

| Par  | Your NONPRIORITY Unsecured Claims — Continu                                    | uation Page   |          |           |
|------|--|---|----------|-----------|
| Afte | r listing any entries on this page, number them beginning with                 | h 4.4, followed by 4.5, and so forth.   | Tot      | tal claim |
| 5.0  | SKIN CARE CREDIT   | Last 4 digits of account number   | <b>s</b> | 166.67    |
|      | Nonpriority Creditor's Name 900 N WESTMORELAND                                 | When was the debt incurred?   |          |           |
|      | Number Street LAKE FOREST IL 60045   | As of the date you file, the claim is: Check all that apply.  |          |           |
|      | City State ZIP Code  | Contingent Unliquidated   |          |           |
|      | Who incurred the debt? Check one.  | Disputed  |          |           |
|      | Debtor 1 only Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |          |           |
|      | Debtor 1 and Debtor 2 only   | ☐ Student loans   |          |           |
|      | At least one of the debtors and another  | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |          |           |
|      | Check if this claim is for a community debt                                    | Debts to pension or profit-sharing plans, and other similar debts   |          |           |
|      | Is the claim subject to offset?  | Other. Specify  |          |           |
|      | ☐ Yes  |   |          |           |
| 5.1  | FRANCISCAN ALLIANCE  | Last 4 digits of account number   | \$       | 406.37    |
|      | Nonpriority Creditor's Name 28044 NETWORK PL                                   | When was the debt incurred? 03/03/2014  |          |           |
|      | Number Street  | As of the date you file, the claim is: Check all that apply.  |          |           |
|      | CHICAGO         IL         60673           City         State         ZIP Code | Contingent  |          |           |
|      | Who incurred the debt? Check one.  | Unliquidated  |          |           |
|      | Debtor 1 only  | ☐ Disputed  |          |           |
|      | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |          |           |
|      | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another         | Student loans   |          |           |
|      | ☐ Check if this claim is for a community debt                                  | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |          |           |
|      | is the claim subject to offset?  | Debts to pension or profit-sharing plans, and other similar debts  Other. Specify   |          |           |
|      | ☑ No   | Guer. Specify   |          |           |
| 5.2  | Yes  |   |          | 19.84     |
| 5.2  | RADIOLOGY IMAGING/CMRE   | Last 4 digits of account number   | \$       | 10.04     |
|      | Nonpriority Creditor's Name O3075 E IMPERIAL HWY                               | When was the debt incurred? 01/01/2012  |          |           |
|      | Number Street BREA CA 92821  | As of the date you file, the claim is: Check all that apply.  |          |           |
|      | City State ZIP Code  | Contingent  |          |           |
|      | Who incurred the debt? Check one.  | ☐ Unliquidated ☐ Disputed   |          |           |
|      | Debtor 1 only  | - Disputed  |          |           |
|      | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |          |           |
|      | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another         | Student loans   |          |           |
|      | ☐ Check if this claim is for a community debt                                  | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |          |           |
|      | is the claim subject to offset?  | Debts to pension or profit-sharing plans, and other similar debts  Other. Specify   |          |           |
|      | ✓ No ☐ Yes   | Gurer. Specify  |          |           |
|      |  |   |          |           |

Case 16-40479 Doc 1/ Fired 12/28/16 Entered 12/28/16 12:20:45 Desc Main Page 28 of Final Name Last Name Last Name Last Name

| Par  | Your NONPRIORITY Unsecured Clair                                       | ns — Continuation Page   | 1011        |
|------|--|--|-------------|
| Afte | or listing any entries on this page, number them t                     | peginning with 4.4, followed by 4.5, and so forth.   | Total claim |
| 5.3  | RADIOLOGY IMAGING CONSULTANTS  | Last 4 digits of account number  | s 22.19     |
|      | Nonpriority Creditor's Name 75 REMITTANCE                              | When was the debt incurred?  |             |
|      | Number Street CHICAGO IL   | As of the date you file, the claim is: Check all that apply.   |             |
|      |  | CIP Code Contingent Unliquidated   |             |
|      | Who incurred the debt? Check one.  Debtor 1 only                       | ☐ Disputed   |             |
|      | Debtor 2 only Debtor 1 and Debtor 2 only                               | Type of NONPRIORITY unsecured claim:   |             |
|      | At least one of the debtors and another                                | <ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul> |             |
|      | Check if this claim is for a community debt                            | Debts to pension or profit-sharing plans, and other similar debts  |             |
|      | Is the claim subject to offset?  ✓ No  ☐ Yes                           | Other. Specify   |             |
| 5.4  | ALLSTATE INSURANEC CO  | Last 4 digits of account number  | s_3,036.00  |
|      | Nonpriority Creditor's Name 725 CANTON S                               | When was the debt incurred?  |             |
|      | Number Street NORWOOD MA   | 02062 As of the date you file, the claim is: Check all that apply.   |             |
|      |  | ZIP Code Contingent  |             |
|      | Who Incurred the debt? Check one.                                      | ☐ Unliquidated☐ Disputed   |             |
|      | Debtor 1 only Debtor 2 only  | Type of NONPRIORITY unsecured claim:   |             |
|      | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Student loans  |             |
|      | Check if this claim is for a community debt                            | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |             |
|      | is the claim subject to offset?  | Debts to pension or profit-sharing plans, and other similar debts  Other, Specify  |             |
|      | ₩ No □ Yes   |  |             |
| 5.5  | AUTUMN RIDGE APARTMENTS  | Last 4 digits of account number  | s_2,378.00  |
|      | Nonpriority Creditor's Name  | When was the debt incurred?  |             |
|      | 119 SYCAMORE DR Number Street  |  |             |
|      | PARK FOREST IL   | As of the date you file, the claim is: Check all that apply.  Contingent   |             |
|      | •  | Untiquidated   |             |
|      | Who incurred the debt? Check one.  Debtor 1 only                       | ☐ Disputed   |             |
|      | Debtor 2 only  | Type of NONPRIORITY unsecured claim:   |             |
|      | Debtor 1 and Debtor 2 only  At least one of the debtors and another    | <ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>  |             |
|      | ☐ Check if this claim is for a community debt                          | you did not report as priority claims  |             |
|      | is the claim subject to offset?  | Debts to pension or profit-sharing plans, and other similar debts  Other, Specify  |             |
|      | ✓ No ☐ Yes   |  |             |
|      |  |  |             |

Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Page 29 of 5 1 umber (If known)

| ve | DÍOL |
|----|------|
|    |      |

Your NONPRIORITY Unsecured Claims — Continuation Page

| After listing any entries on this  | page, number the                  | m beginning witl  | n 4.4, followed by 4.5, and so forth.   | Total c | laim  |
|--|-----------------------------------|-------------------|---|---------|-------|
| OBSTETRICIAN/GYN   | IECOLOGIST _                      | <u>.</u>          | Last 4 digits of account number   | s29     | 92.58 |
| Nonpriority Creditor's Name 17901 GOVERNORS  | HWY                               |                   | When was the debt incurred? 01/01/2014  |         |       |
| Number Street HOMEWOOD   | IL                                | 60430             | As of the date you file, the claim is: Check all that apply.  |         |       |
| City  Who incurred the debt? Che   | State                             | ZIP Code          | Contingent Unliquidated Disputed  |         |       |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this claim is for  | and another                       |                   | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify   |         |       |
| <b>⊠</b> No<br>□ Yes   |                                   |                   |   |         |       |
| DR. RAKESH K. CHU  | IGH                               |                   | Last 4 digits of account number   | s 10    | 05.0  |
| Nonpriority Creditor's Name 30 E. 15TH ST  |                                   |                   | When was the debt incurred? 12/12/2013  |         |       |
| Number Street  | 0                                 | 60412             | As of the date you file, the claim is: Check all that apply.  |         |       |
| CHICAGO HEIGHTS  | IL<br>State                       | 60412<br>ZIP Code | Contingent  |         |       |
| Who incurred the debt? Ch Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this claim is fo Is the claim subject to offset No Yes | and another<br>r a community debt |                   | <ul> <li>Unliquidated</li> <li>Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other, Specify</li> </ul> |         |       |
| 6.8<br>AT&T  |                                   |                   | Last 4 digits of account number   | s41     | 15.8  |
| Nonpriority Creditor's Name PO BOX   |                                   |                   | When was the debt incurred?   |         |       |
| CAROL STREAM City  | I L<br>State                      | 60197<br>ZIP Code | As of the date you file, the claim is: Check all that apply.  Contingent  |         |       |
| Who incurred the debt? Ch  | eck one.                          |                   | Unliquidated Disputed   |         |       |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors   |                                   |                   | Type of NONPRIORITY unsecured claim:  Student toans Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |         |       |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main VINITA V. MCQUEENument Page 30 of 1 number (# known) Last Name

| CARE CREDIT/SYNCHRON                      | Y          |          | Last 4 digits of account number   | s 2,039.0      |
|---|------------|----------|---|----------------|
| Nonpriority Creditor's Name PO BOX 96006  |            |          | When was the debt incurred? 01/01/2015  |                |
| Number Street ORLANDO                     | FL         | 32896    | As of the date you file, the claim is: Check all that apply.  |                |
| City                                      | State      | ZIP Code | Contingent  |                |
| Who incurred the debt? Check one.         |            |          | ☐ Unliquidated ☐ Disputed   |                |
| Debtor 1 only                             |            |          | Ca Disputed   |                |
| Debtor 2 only                             |            |          | Type of NONPRIORITY unsecured claim:  |                |
| Debtor 1 and Debtor 2 only                |            |          | ☐ Student loans   |                |
| At least one of the debtors and another   | Г          |          | Obligations arising out of a separation agreement or divorce that   |                |
| ☐ Check if this claim is for a comm       | unity debt |          | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts      |                |
| is the claim subject to offset?           |            |          | Other. Specify  |                |
| ☑ No<br>☐ Yes                             |            |          |   |                |
| FIRE AND RECOVERY USA                     | 7 - 7      |          | Last 4 digits of account number   | s <u>460.0</u> |
| Nonpriority Creditor's Name               |            |          | When was the debt incurred?   |                |
| 2271 LAVA RIDGE CT STE                    | 20         |          |   |                |
| ROSEVILLE                                 | CA         | 95661    | As of the date you file, the claim is: Check all that apply.  |                |
| City                                      | State      | ZIP Code | Contingent  |                |
| Who incurred the debt? Check one.         |            |          | Unliquidated  |                |
| Debtor 1 only                             |            |          | ☐ Disputed  |                |
| Debtor 2 only                             |            |          | Type of NONPRIORITY unsecured claim:  |                |
| ☐ Debtor 1 and Debtor 2 only              |            |          | ☐ Student loans   |                |
| ☐ At least one of the debtors and another | г          |          | Obligations arising out of a separation agreement or divorce that   |                |
| ☐ Check if this claim is for a comm       | inity debt |          | you did not report as priority claims   |                |
| Is the claim subject to offset?           |            |          | <ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify</li> </ul> |                |
| M No                                      |            |          | es Outer, apouty  |                |
| Yes                                       |            |          |   | 35 207 (       |
| US DEPT OF ED / NELNET                    |            |          | Last 4 digits of account number   | \$ 35,207.0    |
| Nonpriority Creditor's Name               |            |          |   |                |
| 121 S 13TH STREET Number Street           |            |          |   |                |
| LINCOLN Street                            | NE         | 68508    | As of the date you file, the claim is: Check all that apply.  |                |
| City                                      | State      | ZIP Code | Contingent  |                |
| Min insured the debte of the              |            |          | Unliquidated  |                |
| Who incurred the debt? Check one.         |            |          | ☐ Disputed  |                |
| Debtor 1 only Debtor 2 only               |            |          | Type of NONPRIORITY unsecured claim:  |                |
| Debtor 1 and Debtor 2 only                |            |          | Student loans   |                |
| At least one of the debtors and anothe    | r          |          | <ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>     |                |
| Check if this claim is for a comm         | ınity debt |          | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts      |                |
| Is the claim subject to offset?           |            |          | Other. Specify  |                |
| □ No                                      |            |          |   |                |
| ☐ Yes                                     |            |          |   |                |

List Others to Be Notified About a Debt That You Already Listed

| ALLSTATE INSURANCE CO   | On which entry in Part 1 or Part 2 did you list the original creditor?   |
|-------------------------|--|
| ame                     | Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims  |
| umber Street            | Part 2: Creditors with Nonpriority Unsecured Claims  |
|                         | Last 4 digits of account number  |
| ity State ZIP Code      | Last 4 digits of account number  |
| STATE FARM INSURANCE CO | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| lame                    |  |
| lumber Street           | Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured |
|                         | Claims   |
|                         | Last 4 digits of account number  |
| ity State ZIP Code      |  |
| lame                    | On which entry in Part 1 or Part 2 did you list the original creditor?   |
|                         | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims   |
| lumber Street           | Part 2: Creditors with Nonpriority Unsecured   |
|                         | Claims   |
| city State ZIP Code     | Last 4 digits of account number  |
|                         | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| lame                    | _  |
| lumber Street           | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured        |
| out.                    | Claims   |
|                         | Last 4 digits of account number  |
| City State ZIP Code     |  |
| vame                    | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| eme                     | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims   |
| lumber Street           | Part 2: Creditors with Nonpriority Unsecured   |
|                         | Claims   |
| City State ZiP Code     | Last 4 digits of account number  |
| City State ZIP Code     | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| lame                    |  |
| Lughan Chast            | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  |
| Number Street           | Part 2: Creditors with Nonpriority Unsecured Claims  |
|                         | Last 4 digits of account number  |
| City State ZIP Code     |  |
|                         | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| Name                    | Line of (Cheek analy T) Bort 4: Condition with Drieghy Lineary and Claims  |
| Number Street           | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured        |

6a.

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

#### **Total claims** from Part 1

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.

0.00

#### Total claim

#### **Total claims** from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

- 6f. 35,207.00
- 0.00 6g
- 0.00 6h.
- 69,683.53 6i.
- 6j. 104,890.53

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 33 of 51

|             |                                   |                              |  |                          | 2000                         |  | ago                   | _              |                                |                           |                      |                         |   |    |
|-------------|-----------------------------------|------------------------------|--|--------------------------|------------------------------|--|-----------------------|----------------|--------------------------------|---------------------------|----------------------|-------------------------|---|----|
| Fil         | II in this ir                     | formation to                 | identify you   | ır case:                 |                              |  |                       |                |                                |                           |                      |                         |   |    |
| De          | ebtor                             | VINITA                       |  | ٧                        | M                            | CQUEEN                                 |                       |                |                                |                           |                      |                         |   |    |
|             | ebtor 2                           | First Name                   |  | Middle Name              |                              | Last Name                              | -                     | _              |                                |                           |                      |                         |   |    |
| (S          | oouse If filing)                  |                              |  | Middle Name              |                              | Last Name                              |                       |                |                                |                           |                      |                         |   |    |
| Ur          | nited States                      | Bankruptcy Co                | urt for the: Nor   | thern Distri             | ct of Illinois               |  |                       |                |                                |                           |                      |                         |   |    |
|             | ise number<br>(known)             |                              |  |                          |                              |  |                       |                |                                |                           |                      |                         | Check if this is a amended filing             | ın |
|             |                                   |                              |  |                          |                              |  |                       |                |                                |                           |                      |                         |   |    |
| -           |                                   | orm 10                       |  |                          |                              |  |                       |                |                                |                           |                      |                         |   |    |
| S           | ched                              | ulé G:                       | Execu  | tory (                   | Contr                        | acts an                                | d U                   | ne             | expire                         | d Lea                     | ses                  |                         | 12/15   | •  |
| info<br>add | rmation. I<br>litional pa         | f more spac<br>ges, write yo | rate as possi<br>e is needed,<br>our name and<br>ecutory contr | copy the a<br>I case nun | idditional p<br>nber (if kno | wn).                                   | togethe<br>numbe      | er, t          | both are equ<br>e entries, an  | ally respo<br>d attach it | nsible fo            | or supp!<br>page. O     | lying correct<br>n the top of any             |    |
|             | No. C                             | heck this box                | x and file this  | form with t              | he court witl                | n your other sch<br>racts or leases :  |                       |                |                                |                           |                      |                         |   |    |
| 2.          | List sepa<br>example<br>unexpired | , rent, vehicl               | person or co<br>le lease, cell                                 | mpany wii<br>phone). Se  | th whom yo                   | ou have the con<br>ections for this fo | ntract c<br>orm in th | or le<br>he ir | ease. Then so<br>nstruction bo | tate what e               | each cor<br>ore exam | ntract or<br>oples of o | r lease is for (for<br>executory contracts an | d  |
|             | Person o                          | ог сотрапу                   | with whom y  | ou have th               | ne contract                  | or lease                               |                       |                | State what                     | the contra                | ct or lea            | se is fo                | г   |    |
| 2.1         | 1                                 |                              |  |                          |                              |  |                       |                |                                |                           |                      |                         |   |    |
| F           | Name                              |                              |  |                          |                              | <u> </u>                               | _                     |                |                                |                           |                      |                         |   |    |
|             | Number                            | Street                       |  |                          | <u> </u>                     |  | _                     |                |                                |                           |                      |                         |   |    |
|             |                                   |                              |  |                          | _                            |  |                       |                |                                |                           |                      |                         |   |    |
| -           | City                              |                              | Stat   | e ZIP C                  | ode                          |  |                       |                |                                |                           |                      |                         |   |    |
| 2.2         |                                   |                              |  |                          |                              | <u> </u>                               | _                     |                |                                |                           |                      |                         |   |    |
|             | Name                              |                              |  |                          |                              |  | _                     |                |                                |                           |                      |                         |   |    |
|             | Number                            | Street                       |  |                          |                              |  |                       |                |                                |                           |                      |                         |   |    |
|             | City                              |                              | Stat   | e ZIP C                  | ode                          |  |                       | _              |                                |                           |                      |                         |   |    |
| 2.3         |                                   |                              |  |                          |                              |  |                       |                |                                |                           |                      |                         |   |    |
|             | Name                              |                              |  |                          |                              |  | _                     |                |                                |                           |                      |                         |   |    |
|             | Number                            | Street                       |  |                          |                              |  |                       |                |                                |                           |                      |                         |   |    |
| _           | City                              |                              | Star   | e ZIP C                  | ode                          |  | _                     |                |                                |                           |                      |                         |   | _  |
| 2.4         | 3                                 |                              |  |                          |                              |  |                       |                |                                |                           |                      |                         |   |    |
|             | Name                              |                              |  |                          |                              |  |                       |                |                                |                           |                      |                         |   |    |
|             | Number                            | Street                       |  |                          |                              |  |                       |                |                                |                           |                      |                         |   |    |
| L           | City                              |                              | Sta  | te ZIP C                 | ode                          |  | _                     |                |                                |                           |                      |                         | N   |    |
| 2.5         | 5                                 |                              |  |                          |                              |  |                       |                |                                |                           |                      |                         |   |    |
|             | Name                              |                              |  |                          |                              |  |                       |                |                                |                           |                      |                         |   |    |
|             | Number                            | Street                       |  |                          |                              |  |                       |                |                                |                           |                      |                         |   |    |
|             | Cibe                              |                              | Cin  | 21D C                    |                              |  |                       |                |                                |                           |                      |                         |   |    |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 34 of 51

| Fill in this             | information to ide     | ntify your case:            |           |
|--------------------------|------------------------|-----------------------------|-----------|
| Debtor 1                 | VINITA                 | V                           | MCQUEEN   |
| Debtor 2                 | rast Name              | Middle Name                 | Last Name |
| (Spouse, if filing       | ng) First Name         | Middle Name                 | Last Name |
| United State             | s Bankruptcy Court for | the: Northern District of I | Illinois  |
| Case numbe<br>(If known) | er                     |                             |           |

☐ Check if this is an amended filing

## Official Form 106H

# **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| Do you have any codebtors?  No  | (If you are filing a joint case, d                             | do not list either spouse as                       | a codebtor.)   |
|---|--|--|--|
| Yes   |  |  |  |
| Within the last 8 years, have   | you lived in a community pro<br>iisiana, Nevada, New Mexico, I | operty state or territory?                         | (Community property states and territories include   |
| No. Go to line 3.   | nsialia, Nevada, New Mexico, I                                 | rdeito Rico, Texas, wash                           | ington, and vvisconsin.)   |
|   | ner spouse, or legal equivalent                                | live with you at the time?                         |  |
| □ No  | nor specie, or legal equivalent                                | . IIVO WILLI YOU AL LITE LITTLE?                   |  |
|   | ity state or territory did you live                            | 2  | Fill in the name and current address of that person.   |
|   | my oldies of territory and you live                            | " <del> </del>                                     | in in the name and current address of that person.   |
|   |  |  |  |
| Name of your spouse, former   | r spouse, or legal equivalent                                  |  |  |
| Number Street   |  |  |  |
|   |  |  |  |
| City  | State  | ZIP Code   |  |
| In Calcum 4 II 4 II 5   |  |  | if your spouse is filing with you. List the person   |
| shown in line 2 again as a co   | 16D), <i>Schedule E/F</i> (Official F                          | orm 106E/F), or Schedul                            | e G (Official Form 106G). Use Schedule D,  |
| shown in line 2 again as a co<br>Schedule D (Official Form 10   | 16D), <i>Schedule E/F</i> (Official F                          | a guarantor or cosigner<br>orm 106E/F), or Schedul | e G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the c  |
| shown in line 2 again as a co<br>Schedule D (Official Form 10<br>Schedule E/F, or Schedule G  | 16D), <i>Schedule E/F</i> (Official F                          | a guarantor or cosigner<br>orm 106E/F), or Schedul | e G (Official Form 106G). Use Schedule D,  |
| shown in line 2 again as a co<br>Schedule D (Official Form 10<br>Schedule E/F, or Schedule G  | 96D), Schedule E/F (Official Fo                                | a guarantor or cosigner<br>orm 106E/F), or Schedul | e G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the c  |
| shown in line 2 again as a co<br>Schedule D (Official Form 10<br>Schedule E/F, or Schedule G<br>Column 1: Your codebtor  BRIANNA RUTLEDGE   | 96D), Schedule E/F (Official Fo                                | a guarantor or cosigner<br>orm 106E/F), or Schedul | Column 2: The creditor to whom you owe the column and schedules that apply:  Check all schedules that apply:   |
| shown in line 2 again as a co<br>Schedule D (Official Form 10<br>Schedule E/F, or Schedule G<br>Column 1: Your codebtor  BRIANNA RUTLEDGE<br>Name 759 WILLOW RD   | 96D), Schedule E/F (Official Fo                                | a guarantor or cosigner<br>orm 106E/F), or Schedul | Column 2: The creditor to whom you owe the concept that apply:  Schedule D, line Schedule E/F, line 5.9  |
| shown in line 2 again as a co<br>Schedule D (Official Form 10<br>Schedule E/F, or Schedule G<br>Column 1: Your codebtor  BRIANNA RUTLEDGE   | 96D), Schedule E/F (Official Fi                                | orm 106E/F), or Schedul                            | Column 2: The creditor to whom you owe the column and schedules that apply:  Check all schedules that apply:   |
| shown in line 2 again as a co<br>Schedule D (Official Form 10<br>Schedule E/F, or Schedule G<br>Column 1: Your codebtor  BRIANNA RUTLEDGE<br>Name 759 WILLOW RD Number Street   | 96D), Schedule E/F (Official Fo                                | 60443  | Column 2: The creditor to whom you owe the concept that apply:  Schedule D, line Schedule E/F, line 5.9  |
| shown in line 2 again as a co<br>Schedule D (Official Form 10<br>Schedule E/F, or Schedule G<br>Column 1: Your codebtor  BRIANNA RUTLEDGE<br>Name 759 WILLOW RD Number Street MATTESON                                  | 16D), Schedule E/F (Official Fi<br>is to fill out Column 2.    | orm 106E/F), or <i>Schedul</i>                     | Column 2: The creditor to whom you owe the concentration of the concentr |
| shown in line 2 again as a co<br>Schedule D (Official Form 10<br>Schedule E/F, or Schedule G<br>Column 1: Your codebtor  BRIANNA RUTLEDGE<br>Name 759 WILLOW RD Number Street MATTESON                                  | 16D), Schedule E/F (Official Fi<br>is to fill out Column 2.    | orm 106E/F), or <i>Schedul</i>                     | Column 2: The creditor to whom you owe the continuous check all schedules that apply:  Schedule D, line Schedule E/F, line 5.9  Schedule G, line   |
| shown in line 2 again as a co<br>Schedule D (Official Form 10<br>Schedule E/F, or Schedule G<br>Column 1: Your codebtor  BRIANNA RUTLEDGE<br>Name 759 WILLOW RD Number Street MATTESON City                             | 16D), Schedule E/F (Official Fi<br>is to fill out Column 2.    | orm 106E/F), or <i>Schedul</i>                     | Column 2: The creditor to whom you owe the concentration of the concentr |
| shown in line 2 again as a co<br>Schedule D (Official Form 10<br>Schedule E/F, or Schedule G<br>Column 1: Your codebtor  BRIANNA RUTLEDGE<br>Name<br>759 WILLOW RD  Number Street MATTESON City                         | 16D), Schedule E/F (Official Fi<br>is to fill out Column 2.    | orm 106E/F), or <i>Schedul</i>                     | Column 2: The creditor to whom you owe the continuous check all schedules that apply:  Schedule D, line Schedule E/F, line 5.9  Schedule G, line   |
| shown in line 2 again as a co<br>Schedule D (Official Form 10<br>Schedule E/F, or Schedule G<br>Column 1: Your codebtor  BRIANNA RUTLEDGE<br>Name 759 WILLOW RD Number Street MATTESON City                             | 16D), Schedule E/F (Official Fi<br>is to fill out Column 2.    | orm 106E/F), or <i>Schedul</i>                     | Column 2: The creditor to whom you owe the concentration of the concentr |
| shown in line 2 again as a co<br>Schedule D (Official Form 10<br>Schedule E/F, or Schedule G<br>Column 1: Your codebtor  BRIANNA RUTLEDGE<br>Name 759 WILLOW RD Number Street MATTESON City  Name                       | ito fill out Column 2.   | 60443 ZIP Code                                     | Column 2: The creditor to whom you owe the concentration of the concentr |
| shown in line 2 again as a co<br>Schedule D (Official Form 10<br>Schedule E/F, or Schedule G<br>Column 1: Your codebtor  BRIANNA RUTLEDGE<br>Name 759 WILLOW RD Number Street MATTESON City  Name                       | ito fill out Column 2.   | 60443 ZIP Code                                     | Column 2: The creditor to whom you owe the content of the content  |
| shown in line 2 again as a co<br>Schedule D (Official Form 10<br>Schedule E/F, or Schedule G<br>Column 1: Your codebtor  BRIANNA RUTLEDGE<br>Name 759 WILLOW RD Number Street MATTESON City  Name  Number Street City   | ito fill out Column 2.   | 60443 ZIP Code                                     | Column 2: The creditor to whom you owe the concentration to whom you owe the concentration of |
| shown in line 2 again as a co<br>Schedule D (Official Form 10<br>Schedule E/F, or Schedule G<br>Column 1: Your codebtor  BRIANNA RUTLEDGE<br>Name 759 WILLOW RD  Number Street MATTESON City  Name  Number Street  City | ito fill out Column 2.   | 60443 ZIP Code                                     | Column 2: The creditor to whom you owe the content of the content  |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 35 of 51

| Fill in this i   | nformation to identify   | your case:   | -   |                            |                       |  |  |
|--|--|--|---|----------------------------|-----------------------|--|--|
| Debtor 1   | VINITA   | V  | MCQUEEN                                     |                            |                       |  |  |
| Debtor 2   | First Name   | Middle Name  | Last Name                                   |                            |                       |  |  |
| (Spouse, if filing   |  | Middle Name  | Last Name                                   | 90                         |                       |  |  |
|  |  | Northern District of Illinois  |   |                            |                       |  |  |
| Case number<br>(If known)  | <del> </del>   |  |   |                            | Check if th           | nis is:<br>ended filing                        |  |
|  |  |  |   |                            |                       | ended ming<br>Jement showing post;             | petition chapter 13                    |
| Official E   | arm 1061   |  |   |                            |                       | e as of the following da                       |  |
| Official Fo  |  | [  |   |                            | MM / DI               | D/ YYYY  |  |
|  |  | ır Income  |   |                            |                       |  | 12/15                                  |
| supplying co<br>if you are sep<br>separate she   | rrect information. If ye<br>parated and your spot  | essible. If two married peopulare married and not filiuse is not filing with you, on top of any additional page. | ing jointly, and you<br>do not include info | r spouse is<br>rmation abo | living with your spou | ou, include informationuse. If more space is n | n about your spouse<br>eeded, attach a |
| 1. Fill in you information   | r employment<br>on.  |  | Debtor 1                                    |                            |                       | Debtor 2 or non-fil                            | ing spouse                             |
| attach a se  | If you have more than one job, attach a separate page with information about additional employers. |  | ☑ Employed □ Not employed                   |                            |                       | ☐ Employed ☐ Not employed                      |  |
| Include part-time, seasonal, or self-employed work.  |  |  |   |                            |                       |  |  |
|  |  | Occupation   | RETAIL SECURITY ASSOC                       |                            | <u>soc</u>            |  |  |
|  |  | Employer's name  | MARSHALLS                                   | OF IL LLC                  | <u> </u>              |  |  |
|  |  | Employer's address   | 4130 S PULAS<br>Number Street               | SKI AVE                    |                       | Number Street                                  |  |
|  |  |  |   |                            |                       |  |  |
|  |  |  | CHICAGO                                     | IL<br>State ZIP 0          | 60632                 | City   | State ZIP Code                         |
|  |  | How long employed ther   | re?   |                            |                       |  |  |
| Part 2:  | Give Details About   | Monthly Income   |   |                            |                       |  |  |
| Estimate n   | nonthly income as of ess you are separated.  | the date you file this form  | n. If you have nothing                      | g to report fo             | r any line, wri       | te \$0 in the space. Inclu                     | de your non-filing                     |
| If you or yo<br>below. If yo   | our non-filing spouse ha<br>ou need more space, at   | ve more than one employer<br>tach a separate sheet to thi  | r, combine the inform<br>is form.           | nation for all             | employers fo          | r that person on the lines                     | S                                      |
|  |  |  |   | For                        | Debtor 1              | For Debtor 2 or non-filling spouse             |  |
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$2,738.67 \$ |  |  |   |                            |                       |  |  |
| 3. Estimate  | and list monthly over  |  | 3, +s                                       |                            | + \$                  |  |  |
| 4. Calculate   | gross income. Add lir  | ne 2 + line 3.   |   | 4. \$_2                    | 738.67                | s  |  |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main

Document Page 36 of 51 VINITA **MCQUEEN** Debtor 1 Case number (# known) Last Name For Debtor 1 For Debtor 2 or non-filing spouse 2,738.67 Copy line 4 here.....→ 4. 5. List all payroll deductions: 1,477.67 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5b. 5c. Voluntary contributions for retirement plans 5c. 5d. Required repayments of retirement fund loans 5d. 5e. Insurance 5e 5f. Domestic support obligations 5f. 5g. 5q. Union dues 5h. Other deductions. Specify: \_ 5h. 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 1,261.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 86. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c 8d. Unemployment compensation 8d. 8e. Social Security 8e 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. 8g. Pension or retirement income 8g. 8h. Other monthly income. Specify: \_ 8h. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. Calculate monthly income. Add line 7 + line 9. 1,261.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

1,261.00 12.

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

|              | -  |
|--------------|----|
| $\checkmark$ | No |

Yes. Explain:

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 37 of 51

| Fill in         | n this information to identif   | y your case:  |               |   |              |   |                               |   |
|-----------------|---|---|---------------|---|--------------|---|-------------------------------|---|
| Debto           |   | V   | <b>ICQUEE</b> | N Charle K A  | -1- !        |   |                               |   |
| Debto           | First Name  | Middle Name   | Last Name     | Check if the  |              |   |                               |   |
|                 | e, if filing) First Name  | Middle Name   | Last Name     | An am   |              | -   | petition chapter 13           |   |
| United          | States Bankruptcy Court for the   | : Northern District of Illinois                           |               |   |              | f the following   |                               |   |
| Case<br>(If kno | number  |   |               | MM / D  | D/ YYYY      |   |                               |   |
|                 |   |   |               |   |              |   |                               |   |
| Offic           | cial Form 106J  | _   |               |   |              |   |                               |   |
| Scl             | hedule J: Yo  | ur Expense  | 5             |   |              |   | 12/15                         |   |
| inform          |   | ded, attach another sheet te                              |               | ng together, both are equally (<br>. On the top of any additional |              |   |                               |   |
| Part 1          | Describe Your Ho  | usehold   |               |   |              |   |                               |   |
| 1. Is th        | is a joint case?  |   |               |   |              |   |                               |   |
|                 | No. Go to line 2.<br>Yes. Does Debtor 2 live in a                               | separate household?                                       |               |   |              |   |                               |   |
|                 | □ No  |   |               |   |              |   |                               |   |
|                 | Yes. Debtor 2 must f  | ile Official Form 106J-2, Exp                             | enses for S   | eparate Household of Debtor 2.                                    |              |   |                               | _ |
| Do n            | ou have dependents? ot list Debtor 1 and  | No Yes, Fill out this inform                              |               | Dependent's relationship to<br>Debtor 1 or Debtor 2               |              | Dependent's<br>age  | Does dependent live with you? |   |
| Debt<br>Do n    | ot state the dependents'  | each dependent  | ••••••••      |   | <b>-</b><br> |   | □ No □ Yes                    | - |
|                 |   |   |               |   |              |   | □ No                          |   |
|                 |   |   |               |   |              | <u></u>   | Yes                           |   |
|                 |   |   |               | <del>-</del>  |              | <del></del>   | □ No<br>□ Yes                 |   |
|                 |   |   |               |   |              |   | □ No                          |   |
|                 |   |   |               |   |              |   | Yes                           |   |
|                 |   |   |               |   |              |   | □ No<br>□ Yes                 |   |
| expe            | our expenses include<br>enses of people other than<br>self and your dependents? | ☑ No  |               |   |              | 90 T - 10 T - |                               |   |
| Part 2:         |   | ing Monthly Expenses                                      |               |   |              |   |                               | _ |
|                 |   |   | less voll a   | re using this form as a supple                                    | ment in      | Chanter 13 c  | ace to report                 | _ |
| expens          | es as of a date after the ba  |   |               | ental Schedule J, check the bo                                    |              |   |                               |   |
|                 | ble date.   |   |               |   |              |   |                               |   |
|                 |   | n-cash government assista<br>d it on Schedule I: Your Inc |               |   |              | Your exper  | nses                          |   |
|                 | rental or home ownership rent for the ground or lot.                            | expenses for your residence                               | ce. Include   | first mortgage payments and                                       | 4.           | \$  | 400.00                        |   |
| If no           | ot included in line 4:  |   |               |   |              |   |                               |   |
| <b>4a</b> .     | Real estate taxes   |   |               |   | 4a.          |   |                               |   |
| 4b.             | Property, homeowner's, or   |   |               |   | 4b.          |   |                               |   |
| 4c.             | Home maintenance, repair,   | , ,   |               |   | 4c.          | \$  |                               |   |
| 40              | Homeowner's association of  | r connommum ques  |               |   | 4d           | S   |                               |   |

## Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 38 of 51

Debtor 1

VINITA First Name V

MCQUEEN

Case number (# known)

|     |   |      | Your expenses   |
|-----|---|------|-----------------|
| 5.  | Additional mortgage payments for your residence, such as home equity loans  | 5.   | \$              |
|     |   | 70   |                 |
| 6.  | Utilities:  | 0-   | s 50.00         |
|     | 6a. Electricity, heat, natural gas  | 6a.  | ·               |
|     | 6b. Water, sewer, garbage collection  | 6b.  | \$<br>\$180.00  |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c   |                 |
|     | 6d. Other. Specify:   | 6d.  | \$s 175.00      |
| 7.  | Food and housekeeping supplies  | 7.   | \$175.00        |
| 8.  | Childcare and children's education costs  | 8.   | \$              |
| 9.  | Clothing, laundry, and dry cleaning   | 9.   | s50.00          |
| 10. | Personal care products and services   | 10   | \$ 60.00        |
| 11. | Medical and dental expenses   | 11,  | s <u>15.00</u>  |
| 12. | Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.  | 12.  | \$ 220.00       |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.  | s5.00           |
| 14. | Charitable contributions and religious donations  | 14:  | s 10.00         |
| 15. | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.   |      |                 |
|     | 15a. Life insurance   | 15a. | \$              |
|     | 15b. Health insurance   | 15b. | \$              |
|     | 15c. Vehicle insurance  | 15c. | s <u>150.00</u> |
|     | 15d. Other insurance. Specify:  | 15d. | \$              |
|     | Tot. Other insurance, openity.  | 150. | 4               |
| 16, | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  | 16.  | \$              |
| 17. | Installment or lease payments:  |      |                 |
|     | 17a. Car payments for Vehicle 1   | 17a, | \$              |
|     | 17b. Car payments for Vehicle 2   | 17b. | s               |
|     | 17c. Other. Specify:  | 17c. | \$              |
|     | 17d. Other. Specify:  | 17d. | s               |
|     |   |      | <u> </u>        |
| 18, | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18.  | \$              |
| 19. | Other payments you make to support others who do not live with you.   |      |                 |
|     | Specify:  | 19.  | \$              |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule i: Your Incom   | le.  |                 |
|     | 20a. Mortgages on other property  | 20a. | \$              |
|     | 20b. Real estate taxes  | 20b. | \$              |
|     | 20c. Property, homeowner's, or renter's insurance   | 20c. | \$              |
|     | 20d. Maintenance, repair, and upkeep expenses   | 20d. | \$              |
|     | 20e. Homeowner's association or condominium dues  | 20e. | \$              |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 39 of 51

| De  | ebtor 1 | VINITA<br>First Name    | Middle Name         | Last Name       | MCQUEEN  |            | Case number (# known)_ |     |     |      |            |
|-----|---------|-------------------------|---------------------|-----------------|--|------------|------------------------|-----|-----|------|------------|
| 21. | Othe    | er. Specify: <u>Pet</u> | care (cat food,     | vet)            |  |            |                        | 21. | +\$ | _ 2  | 20.00      |
| 22. | Calc    | ulate your mont         | thly expenses.      |                 |  |            |                        |     |     |      |            |
|     | 22a.    | Add lines 4 throu       | ıgh 21.             |                 |  |            | 22                     | 2a. | \$  | 1,38 | 0.00       |
|     | 22b.    | Copy line 22 (mo        | onthly expenses for | Debtor 2), if a | any, from Official Form 1                              | 06J-2      | 22                     | 2b. | \$  |      |            |
|     | 22c.    | Add line 22a and        | 22b. The result is  | your monthly    | expenses.  |            | 22                     | 2c. | \$  | 1,38 | 80.00      |
|     |         |                         |                     |                 |  |            |                        |     |     |      | — <i>U</i> |
| 23. | Calcu   | late your month         | ly net income.      |                 |  |            |                        |     |     | 4 25 | 1 00       |
|     | 23a.    | Copy line 12 (yo        | ur combined monti   | nly income) fro | om Schedule I.   |            | 2                      | 3a. | \$  | 1,20 | 1.00       |
|     | 23b.    | Copy your mont          | hly expenses from   | line 22c above  | в.   |            | 2                      | 35. | -\$ | 1,38 | 0.00       |
|     | 23c.    | Subtract your me        | onthly expenses fro | m your month    | hly income.  |            |                        |     | •   | -11  | 9.00       |
|     |         | The result is you       | r monthly net inco  | ne.             |  |            | 2                      | 3c. |     | - '' | 0.00       |
|     |         |                         |                     |                 |  |            |                        |     |     |      |            |
| 24. | Do yo   | ou expect an inc        | rease or decrease   | in your expe    | enses within the year a                                | fter you f | ile this form?         |     |     |      |            |
|     |         |                         |                     | - •             | r loan within the year or<br>a modification to the ter | -          | •                      |     |     |      |            |
|     | ☑ No    | o                       | ALE TESTINET IN     | 711             |  |            |                        |     |     |      |            |
|     | ☐ Ye    | es. Explain he          | ere:                |                 |  |            |                        |     |     |      |            |
|     |         |                         |                     |                 |  |            |                        |     |     |      |            |
|     |         |                         |                     |                 |  |            |                        |     |     |      |            |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 40 of 51

| Fill in this in     | formation to i   | dentify your case:                     |           |
|---------------------|------------------|--|-----------|
| Debtor 1            | VINITA           | V                                      | MCQUEEN   |
| •                   | First Name       | Middle Name                            | Last Name |
| Debtor 2            |                  |  | <u> </u>  |
| (Spouse, if filing) | First Name       | Middle Name                            | Last Name |
| United States I     | Bankruptcy Court | for the: Northern District of Illinois |           |
| Case number         |                  |  |           |
| (If known)          |                  |  |           |
|                     |                  |  |           |

☐ Check if this is an amended filing

## Official Form 107

## Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1:  | Give Details About Your Marital Stat                       | us and Where You                 | Lived Before  |                                   |
|----------|--|----------------------------------|---|-----------------------------------|
|          | t is your current marital status?                          |                                  |   |                                   |
|          | flarried<br>Hot married                                    |                                  |   |                                   |
| 2. Durir | ng the last 3 years, have you lived anywhere o             | other than where you             | live now?   |                                   |
| ☐ Y      | lo 'es. List all of the places you lived in the last 3 ye  | ears. Do not include wh          | nere you live now.  |                                   |
|          | Debtor 1:  | Dates Debtor 1 De<br>lived there | ebtor 2:  | Dates Debtor 2<br>lived there     |
|          |  |                                  | Same as Debtor 1  | Same as Debtor 1                  |
|          | 133 N ARBORS TRAIL   | From 11/01/2015                  |   | From                              |
|          | Number Street  | To 06/30/2016                    | Number Street   | То                                |
|          | MATTESON IL 60443  |                                  |   |                                   |
|          | City State ZIP Code  |                                  | City State ZIP Code   |                                   |
|          |  |                                  | Same as Debtor 1  | ☐ Same as Debtor 1                |
|          | 607 E PARK ST  | From 08/01/2013                  |   | From                              |
|          | Number Street  | To 1 <u>1/01/20</u> 15           | Number Street   | То                                |
|          | CARBONDALE IL 62901  |                                  |   |                                   |
|          | City State ZIP Code  |                                  | City State ZIP Code   |                                   |
| state.   | s <i>and territories</i> include Arizona, California, Idah | o, Louisiana, Nevada, I          | ent in a community property state or territory? (C<br>New Mexico, Puerto Rico, Texas, Washington, and | Community property<br>Wisconsin.) |
|          |  |                                  |   |                                   |

Part 2:

**Explain the Sources of Your Income** 

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 41 of 51

MCQUEEN

Case number (If known)\_

VINITA

| Did you have any income from employmer Fitl in the total amount of income you received fyou are filing a joint case and you have incomed No.  You are fill in the details.   | d from all jobs and all busi  | nesses, including part-tir  | me activities.  | endar years?   |
|--|---|---|---|--|
|  | Debtor 1  |   | Debtor 2  |  |
|  | Sources of Income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)   | Sources of Income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)  |
| From January 1 of current year until the date you filed for bankruptcy:  | Wages, commissions, bonuses, tips  Operating a business   | \$ 35,856.00  | <ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>  | \$   |
| For last calendar year: (January 1 to December 31, 2015  | <ul> <li>✓ Wages, commissions, bonuses, tips</li> <li>Operating a business</li> </ul>   | \$ 6,562.00   | ☐ Wages, commissions, bonuses, tips☐ Operating a business   | \$   |
| For the calendar year before that: (January 1 to December 31, 2014   | ₩ages, commissions, bonuses, tips  Operating a business   | \$2,930.00  | ☐ Wages, commissions, bonuses, tips☐ Operating a business   | \$   |
| nclude income regardless of whether that inc<br>nemployment, and other public benefit paym<br>ambling and lottery winnings. If you are filing  | come is taxable. Examples<br>nents; pensions; rental inco<br>g a joint case and you have  | of other income are alim<br>ome; interest; dividends;<br>income that you receive  | money collected from laws<br>ed together, list it only once   | suits; royalties; and  |
| nclude income regardless of whether that inc<br>nemployment, and other public benefit paym<br>ambling and lottery winnings. If you are filing<br>ist each source and the gross income from e   | come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Do   | of other income are alim<br>ome; interest; dividends;<br>income that you receive  | money collected from laws<br>ed together, list it only once<br>t you listed in line 4.  | suits; royalties; and  |
| nclude income regardless of whether that inconnemployment, and other public benefit paym ambling and lottery winnings. If you are filing ist each source and the gross income from a No  | come is taxable. Examples<br>nents; pensions; rental inco<br>g a joint case and you have  | of other income are alim<br>ome; interest; dividends;<br>income that you receive  | money collected from laws<br>ed together, list it only once   | suits; royalties; and  |
| nclude income regardless of whether that inc<br>nemployment, and other public benefit paym<br>ambling and lottery winnings. If you are filing<br>ist each source and the gross income from e   | come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Do   | of other income are alim<br>ome; interest; dividends;<br>income that you receive  | money collected from laws<br>ed together, list it only once<br>t you listed in line 4.  | suits; royalties; and a under Debtor 1.  Gross Income from each source   |
| iclude income regardless of whether that inc<br>nemployment, and other public benefit paym<br>ambling and lottery winnings. If you are filing<br>ist each source and the gross income from e<br>No<br>Yes. Fill in the details.  | come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Do Debtor 1                                    | of other income are alimone; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)     | money collected from laws ed together, list it only once t you listed in line 4.  Debtor 2  Sources of Income                 | Gross Income from each source (before deductions and exclusions)   |
| nclude income regardless of whether that inc<br>nemployment, and other public benefit paym<br>ambling and lottery winnings. If you are filing<br>ist each source and the gross income from e<br>No<br>Yes. Fill in the details.  | come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Do Debtor 1                                    | of other income are alimone; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)     | money collected from laws ed together, list it only once t you listed in line 4.  Debtor 2  Sources of Income Describe below. | Gross Income from each source (before deductions and exclusions)   |
| iclude income regardless of whether that incomemployment, and other public benefit paymambling and lottery winnings. If you are filing ist each source and the gross income from a No  Yes. Fill in the details.  From January 1 of current year until   | come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Do Debtor 1                                    | of other income are alimone; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)     | money collected from laws ed together, list it only once t you listed in line 4.  Debtor 2  Sources of Income Describe below. | Gross Income from each source (before deductions and exclusions)   |
| nclude income regardless of whether that inconemployment, and other public benefit paym ambling and lottery winnings. If you are filing ist each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until   | come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Do Debtor 1  Sources of income Describe below. | of other income are alimone; interest; dividends; income that you receive not include income that  Gross Income from each source (before deductions and exclusions)  \$ | money collected from laws ed together, list it only once t you listed in line 4.  Debtor 2  Sources of Income Describe below. | Gross Income from each source (before deductions and exclusions)   |
| reclude income regardless of whether that incomemployment, and other public benefit paymambling and lottery winnings. If you are filing ist each source and the gross income from a No  Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31,2015  | come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Do Debtor 1  Sources of income Describe below. | of other income are alimone; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)  \$ | money collected from laws ed together, list it only once t you listed in line 4.  Debtor 2  Sources of Income Describe below. | Gross income from each source (before deductions and exclusions)   |
| reclude income regardless of whether that incomendation income regardless of whether that incomendation incoments and other public benefit paymambling and lottery winnings. If you are filing ist each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  | come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Do Debtor 1  Sources of income Describe below. | of other income are alimone; interest; dividends; income that you receive not include income that  Gross Income from each source (before deductions and exclusions)  \$ | money collected from laws ed together, list it only once t you listed in line 4.  Debtor 2  Sources of Income Describe below. | Gross income from each source (before deductions and exclusions)   |
| reclude income regardless of whether that incomendation income regardless of whether that incomendation incoments and other public benefit payments and lottery winnings. If you are filing and lottery winnings. If you are filing it each source and the gross income from the th | come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Do Debtor 1  Sources of income Describe below. | of other income are alimone; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)  \$ | money collected from laws ed together, list it only once t you listed in line 4.  Debtor 2  Sources of Income Describe below. | Gross income from each source (before deductions and exclusions)  \$\[ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ |
| Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31,2015  | come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Do Debtor 1  Sources of income Describe below. | of other income are alimone; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)  \$ | money collected from laws ed together, list it only once t you listed in line 4.  Debtor 2  Sources of Income Describe below. | Gross income from each source (before deductions and exclusions)   |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 42 of 51

| VINITA | V | MCQUEEN | Case number (#known)   |   |
|--------|---|---------|------------------------|---|
|        | * | <br>    | Case Humber (Franswit) | _ |

| Pari | t 3:    | List (          | Certain Paymo                        | ents You l                     | Made Before                           | e You Filed                             | for Bankruptcy  |  |                      |
|------|---------|-----------------|--------------------------------------|--------------------------------|---------------------------------------|---|---|--|----------------------|
| - 4  | 141_    | D-1             |                                      | 011-1-1                        | 1 11                                  |   | -0  |  |                      |
| 6. A | re eitn | ier Det         | otor 1's or Debt                     | or 2's debts                   | primarily co                          | nsumer debt                             | 57  |  |                      |
| C    | No.     | Neith<br>"incur | er Debtor 1 noi<br>red by an individ | r Debtor 2 h<br>dual primarily | as primarily (<br>for a persona       | c <b>onsumer de</b><br>al, family, or h | bts. Consumer debts an<br>ousehold purpose."                                      | e defined in 11 U.S.C. § 101   | (8) as               |
|      |         | Durin           | g the 90 days be                     | efore you file                 | d for bankrup                         | tcy, did you pa                         | ly any creditor a total of  | \$6,425* or more?  |                      |
|      |         | Пν              | o. Go to line 7.                     |                                |                                       |   |   |  |                      |
|      |         | <b>☑</b> Y      | total amount                         | you paid tha                   | at creditor. Do                       | not include pa                          |   | or more payments and the upport obligations, such as this bankruptcy case. |                      |
|      |         | * Sub           | ject to adjustme                     | nt on 4/01/19                  | and every 3                           | years after the                         | at for cases filed on or a  | fter the date of adjustment.   |                      |
|      | ] Yes   | . Debte         | or 1 or Debtor 2                     | or both ha                     | ve primarily o                        | consumer del                            | bts.  |  |                      |
|      |         |                 |                                      |                                | •                                     |   | y any creditor a total of   | \$600 or more?   |                      |
|      |         |                 | o. Go to line 7.                     | •                              |                                       |   | •   |  |                      |
|      |         | _               | es. List below ea<br>creditor. Do    | not include p                  | ayments for d                         | lomestic supp                           | \$600 or more and the to<br>ort obligations, such as<br>by for this bankruptcy ca |  |                      |
|      |         |                 |                                      |                                |                                       | Dates of payment                        | Total amount pald   | Amount you still owe   | Was this payment for |
|      |         |                 |                                      |                                |                                       |   | \$  | \$   | ☐ Mortgage           |
|      |         | i               | Creditor's Name                      |                                |                                       |   |   |  | ☐ car                |
|      |         |                 |                                      |                                |                                       |   |   |  | Credit card          |
|      |         | 1               | Number Street                        |                                |                                       |   |   |  | _                    |
|      |         |                 |                                      |                                |                                       |   |   |  | Loan repayment       |
|      |         |                 |                                      |                                |                                       |   |   |  | Suppliers or vendors |
|      |         |                 | City                                 | State                          | ZIP Code                              |   |   |  | Other                |
|      |         |                 |                                      |                                |                                       |   | s   | \$   | ☐ Mortgage           |
|      |         | i               | Creditor's Name                      |                                |                                       |   | 7   |  | ☐ Car                |
|      |         |                 |                                      |                                |                                       |   |   |  |                      |
|      |         | i               | Number Street                        |                                |                                       |   |   |  | Credit card          |
|      |         |                 |                                      |                                |                                       |   |   |  | Loan repayment       |
|      |         | •               |                                      |                                | _                                     |   |   |  | Suppliers or vendors |
|      |         | ;               | City                                 | State                          | ZiP Code                              |   |   |  | Other                |
|      |         |                 |                                      |                                |                                       |   |   |  |                      |
|      |         |                 |                                      |                                |                                       |   | S   | \$   | ☐ Mortgage           |
|      |         | ī               | Creditor's Name                      |                                | · · · · · · · · · · · · · · · · · · · |   |   |  | ☐ Car                |
|      |         |                 |                                      |                                |                                       |   |   |  | ☐ Credit card        |
|      |         | i               | Number Street                        |                                |                                       |   |   |  | _                    |
|      |         |                 |                                      |                                |                                       |   |   |  | Loan repayment       |
|      |         | •               | <u>.</u>                             |                                |                                       |   |   |  | Suppliers or vendors |
|      |         | ō               | City                                 | State                          | ZiP Code                              |   |   |  | ☐ Other              |
|      |         |                 |                                      |                                |                                       |   |   |  |                      |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 43 of 51

Case number (if known)\_

**MCQUEEN** 

| corporations of which you<br>agent, including one for a<br>such as child support and                               | ives; any gener<br>are an officer,<br>business you o | ral partners; re<br>director, perso | latives of any on in control, or | general partners; p<br>r owner of 20% or i | eartnerships of whic<br>more of their voting   | who was an Insider? h you are a general partner; securities; and any managing r domestic support obligations, |
|--|--|-------------------------------------|----------------------------------|--|--|---|
| <b>☑</b> No  |  |                                     |                                  |  |  |   |
| Yes. List all payments   | to an insider.                                       |                                     |                                  |  |  |   |
|  |  |                                     | Dates of<br>payment              | Total amount paid                          | Amount you still owe                           | Reason for this payment   |
| Insider's Name   |  | <del></del>                         |                                  | \$   | \$   |   |
| Number Street  |  |                                     |                                  |  |  |   |
|  |  |                                     |                                  |  |  |   |
| City   | State  | ZIP Code                            |                                  |  |  |   |
| Insider's Name   |  |                                     |                                  | \$   | <b>\$</b>                                      |   |
| Number Street  | <u></u>  |                                     |                                  |  |  |   |
| Number Steet   |  |                                     |                                  |  |  |   |
|  |  |                                     |                                  |  |  |   |
| City   | State<br>filed for bank                              | ZIP Code                            | ou make any p                    | payments or trans                          | ifer any property o                            | on account of a debt that benefited   |
| City   | i filed for bank                                     | ruptcy, did yo                      |                                  | payments or trans<br>Total amount<br>paid  | ifer any property o<br>Amount you still<br>owe |   |
| City  Within 1 year before you an insider? Include payments on debi  | i filed for bank                                     | ruptcy, did yo                      | an insider.                      | Total amount                               | Amount you still                               | Reason for this payment   |
| City  Within 1 year before you an insider? Include payments on debi  M No  Yes. List all payments                  | i filed for bank                                     | ruptcy, did yo                      | an insider.                      | Total amount                               | Amount you still                               | Reason for this payment   |
| City  Within 1 year before you an insider? Include payments on debter No  Yes. List all payments  Insider's Name   | i filed for bank                                     | ruptcy, did yo                      | an insider.                      | Total amount                               | Amount you still                               | Reason for this payment   |
| City  Within 1 year before you an insider? Include payments on debt  Y No  Yes. List all payments  Insider's Name  | filed for bank                                       | ruptcy, did yo                      | an insider.                      | Total amount                               | Amount you still                               | Reason for this payment   |
| City  Vithin 1 year before you an insider?  nclude payments on debtory  No  Yes. List all payments  Insider's Name | filed for bank                                       | ruptcy, did yo                      | an insider.                      | Total amount paid                          | Amount you still owe                           | Reason for this payment   |

**VINITA** 

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main

Document Page 44 of 51 VINITA **MCQUEEN** Debtor 1 Case number (if known) Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. M No Yes. Fill in the details. Nature of the case Court or agency Status of the case Pending Case title Court Name On appeal ☐ Concluded Number Street Case number \_\_\_ City ZIP Code State Pending Case title\_\_\_\_\_ Court Name On appeal Number Street ☐ Concluded Case number \_ ZIP Code 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Date Value of the property Creditor's Name Number Street Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied. City State ZIP Code Describe the property Date Value of the property Creditor's Name Number Street Explain what happened ☐ Property was repossessed.

Property was foreclosed.Property was garnished.

Property was attached, seized, or levied.

State ZIP Code

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 45 of 51

| 1       | VINITA  | V                    | MCQUEEN  | Case number (if known)                     |                   |
|---------|---|----------------------|--|--|-------------------|
|         | First Name Midd   | die Name Last h      | larne  |  |                   |
|         |   |                      |  |  |                   |
|         |   |                      | A MAIN AND AND AND AND AND AND AND AND AND AN                | h f  |                   |
|         |   |                      | otcy, did any creditor, including a<br>ause you owed a debt? | bank or financial institution, set off any | amounts from your |
| ZÍ (    |   | ake a payment bec    | ause you owed a debt!  |  |                   |
|         |   |                      |  |  |                   |
| ч       | Yes. Fill in the details.   | **                   |  |  |                   |
|         |   |                      | Describe the action the creditor to                          |  | Amount            |
| ,       |   |                      |  | was taken                                  |                   |
| (       | Creditor's Name   |                      |  |  |                   |
|         |   |                      |  |  | \$                |
| 1       | Number Street   |                      |  |  |                   |
|         |   |                      |  |  |                   |
|         |   |                      |  |  |                   |
| 7       | City  | State ZIP Code       | Last 4 digits of account number:                             | XXXX-                                      |                   |
|         | •   |                      |  | <del></del>                                |                   |
| \A##    | hin 1 year hefore you   | i filed for bankrunt | cy was any of your property in th                            | ne possession of an assignee for the ben   | efit of           |
|         |   |                      | stodian, or another official?                                | to possession of an assignee for the ben   |                   |
| <br>☑ 1 |   |                      |  |  |                   |
|         | Yes   |                      |  |  |                   |
| _       | 162   |                      |  |  |                   |
| rt 5    | List Certain Gi   | ifts and Contribu    | tions  |  |                   |
|         |   |                      |  |  |                   |
|         | Gifts with a total value  | e of more than \$600 | Describe the gifts   | Dates you gave<br>the gifts                | Value             |
|         | per person  |                      |  | tue Auta                                   |                   |
|         |   |                      |  |  |                   |
| i       | Person to Whom You Gave t   | the Gift             |  |  | \$                |
|         | Person to Whom Too Cave t   | are Qui              |  |  |                   |
|         |   |                      |  |  | \$                |
|         |   |                      |  |  |                   |
| i       | Number Street   |                      |  |  |                   |
|         |   |                      |  |  |                   |
| ī       | City  |                      |  |  |                   |
|         | •   | State ZIP Code       |  |  |                   |
|         | Dorego e rojetienskie to :  |                      |  |  |                   |
|         | Person's relationship to y  |                      |  |  |                   |
|         |   | you                  | Describe the diffe   | Dates you gay                              | a Velue           |
| ,       | Person's relationship to y Gifts with a total value oper person   | you                  | Describe the gifts   | Dates you gave<br>the gifts                | e Value           |
| ,       | Gifts with a total value  | you                  | Describe the gifts   | Dates you gave<br>the gifts                | e Value           |
| (       | Gifts with a total value  | you                  | Describe the gifts   | Dates you gave<br>the gifts                | value             |
| (       | Gifts with a total value  | of more than \$600   | Describe the gifts   | Dates you gave<br>the gifts                | value \$          |
| (       | Gifts with a total value o  | of more than \$600   | Describe the gifts   | Dates you gave<br>the gifts                | S                 |
| (       | Gifts with a total value o  | of more than \$600   | Describe the gifts   | Dates you gave<br>the gifts                | • Value \$        |
| (       | Gifts with a total value o  | of more than \$600   | Describe the gifts   | Dates you gave<br>the gifts                | S                 |
| i       | Gifts with a total value o  | of more than \$600   | Describe the gifts   | Dates you gave<br>the gifts                | • Value • \$      |
| i       | Gifts with a total value of per person  Person to Whom You Gave t | of more than \$600   | Describe the gifts   | Dates you gave the gifts                   | \$\$              |
| i       | Gifts with a total value of per person  Person to Whom You Gave t | of more than \$600   | Describe the gifts   | Dates you gave the glits                   | \$\$              |

Person's relationship to you \_

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 46 of 51

Case number (If known)\_

MCQUEEN

|       | P i 33. Natine eliccie Natine L                                | ast Name  |   |                           |
|-------|--|---|---|---------------------------|
| 14. W | ithin 2 years before you filed for bankr                       | ruptcy, did you give any gifts or contributions with a total valu   | e of more than \$6                      | 00 to any charity?        |
|       | No Yes. Fill in the details for each gift or co                | ontribution.  |   |                           |
|       | Gifts or contributions to charities that total more than \$600 | Describe what you contributed   | Date you contributed                    | Value                     |
|       |  |   |   | •                         |
|       | Charity's Name   | _   |   | \$                        |
|       |  |   |   | \$                        |
|       | Number Street  | _   |   |                           |
|       | City State ZIP Code  | _   |   |                           |
| Part  | 6: List Certain Losses   |   |   |                           |
|       |  | ptcy or since you filed for bankruptcy, did you lose anything   | because of theft, f                     | ire, other                |
|       | saster, or gambling?<br>No                                     |   |   |                           |
|       | Yes. Fill in the details.                                      |   |   |                           |
|       | Describe the property you lost and how the loss occurred       | Describe any insurance coverage for the loss<br>Include the amount that insurance has paid. List pending insurance<br>claims on line 33 of Schedule A/B; Property.              | Date of your loss                       | Value of property<br>lost |
|       |  |   |   | \$                        |
|       |  |   |   |                           |
| Part  | 7: List Certain Payments or Tra                                | insfers   |   |                           |
| yo    | u consulted about seeking bankruptcy                           | ptcy, did you or anyone else acting on your behalf pay or tran<br>y or preparing a bankruptcy petition?<br>preparers, or credit counseling agencies for services required in yo |   | to anyone                 |
| Ø     | No   |   | - •                                     |                           |
|       | Yes. Fill in the details.                                      |   |   |                           |
|       |  | Description and value of any property transferred   | Date payment or<br>transfer was<br>made | Amount of payment         |
|       | Person Who Was Paid  |   | Inaua                                   |                           |
|       | Number Street  |   |   | \$                        |
|       |  |   |   | \$                        |
|       | City State ZIP Code  | •   |   |                           |
|       | Email or website address                                       |   |   |                           |
|       |  |   |   |                           |

VINITA

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 47 of 51

|                     | VINITA   | V   | MCQUEEN  | Case number (if known)  |   |                          |
|---------------------|--|---|--|---|---|--------------------------|
|                     | First Name !   | Middle Name Les   | il Name  |   | <del></del>                             |                          |
| -                   |  |   | Description and value of any pro   | perty transferred   | Date payment or transfer was made       | Amount of payment        |
|                     | Person Who Was Paid  |   | -  |   |   | _                        |
|                     | Number Street  |   | -  |   | <del></del>                             | \$                       |
|                     |  |   | -  |   |   | \$                       |
|                     | City   | State ZIP Code  | -  |   |   |                          |
|                     | Email or website addres  | \$  | _  |   |   |                          |
|                     | Person Who Made the P  | Payment, if Not You   |  |   |   |                          |
|                     | No<br>Yes. Fill in the detai   | ils.  | Description and value of any pro   | perty transferred   | Date payment or                         | Amount of payme          |
|                     |  |   | Description and value of any pro   | perty transferred   | Date payment or<br>transfer was<br>made | Amount of payme          |
|                     | Person Who Was Paid  |   |  |   |   | _                        |
|                     | Number Street  |   | -  |   | <del></del>                             | \$                       |
|                     |  |   | -  |   |   | \$                       |
|                     | -  |   | _  |   |   |                          |
| Vitt                | City   | State ZIP Code  | ptcy, did you sell, trade, or othe   | rwise transfer any property (                                 | o anyone, other tha                     | ın property              |
| ran<br>nclu         | nin 2 years before<br>esferred in the ordl<br>ude both outright tra  | you filed for bankru<br>inary course of your<br>ansfers and transfers   | ptcy, did you sell, trade, or other business or financial affairs? made as security (such as the grade already listed on this statement            | nting of a security interest or n                             |   |                          |
| ran<br>nciu<br>lo r | nin 2 years before<br>esferred in the ordl<br>ude both outright tra<br>not include gifts and   | you filed for bankru<br>inary course of your<br>ansfers and transfers<br>I transfers that you ha                      | business or financial affairs?   | nting of a security interest or n                             |   |                          |
| ran<br>nclu<br>Do r | nin 2 years before<br>eferred in the ordl<br>ude both outright tra<br>not include gifts and  | you filed for bankru<br>inary course of your<br>ansfers and transfers<br>I transfers that you ha                      | business or financial affairs? made as security (such as the gra ave already listed on this statemen   | nting of a security interest or n<br>t.                       | norigage on your pro                    | perty).                  |
| ran<br>nclu<br>o r  | nin 2 years before isferred in the ording the ording to the ording the ording transfer of the ording the ordinary theory th | you filed for bankru<br>inary course of your<br>ansfers and transfers<br>I transfers that you ha                      | business or financial affairs?<br>made as security (such as the gra  | nting of a security interest or n<br>t.                       | norigage on your pro                    | perty).                  |
| ran<br>nciu<br>lo r | nin 2 years before<br>esferred in the ordl<br>ude both outright tra<br>not include gifts and   | you filed for bankru<br>inary course of your<br>ansfers and transfers<br>I transfers that you ha                      | business or financial affairs? made as security (such as the gra ave already listed on this statemen  Description and value of propert             | nting of a security interest or n t.  y Describe any property | norigage on your pro                    | perty).<br>Date transfer |
| ran<br>nciu<br>lo r | nin 2 years before isferred in the ording the ording to the ording the ording transfer of the ording the ordinary theory th | you filed for bankru<br>inary course of your<br>ansfers and transfers<br>I transfers that you ha                      | business or financial affairs? made as security (such as the gra ave already listed on this statemen  Description and value of propert             | nting of a security interest or n t.  y Describe any property | norigage on your pro                    | perty).<br>Date transfer |
| ran<br>nclu<br>o r  | nin 2 years before isferred in the ordinate both outright transition include gifts and No Yes. Fill in the detail  | you filed for bankru<br>inary course of your<br>ansfers and transfers<br>I transfers that you ha                      | business or financial affairs? made as security (such as the gra ave already listed on this statemen  Description and value of propert             | nting of a security interest or n t.  y Describe any property | norigage on your pro                    | perty).<br>Date transfer |
| ran<br>nciu<br>lo r | nin 2 years before sferred in the ordi ude both outright tra not include gifts and No Yes. Fill in the detail Person Who Received T  | you filed for bankru<br>inary course of your<br>ansfers and transfers<br>I transfers that you ha<br>ils               | business or financial affairs? made as security (such as the gra ave already listed on this statemen  Description and value of propert transferred | nting of a security interest or n t.  y Describe any property | norigage on your pro                    | perty).<br>Date transfer |
| ran<br>nclu<br>Do r | nin 2 years before seferred in the ordi ude both outright tra not include gifts and No Yes. Fill in the detail Person Who Received T   | you filed for bankru Inary course of your ansfers and transfers I transfers that you ha ils  Transfer  State ZIP Code | business or financial affairs? made as security (such as the gra ave already listed on this statemen  Description and value of propert transferred | nting of a security interest or n t.  y Describe any property | norigage on your pro                    | perty).<br>Date transfer |
| ran<br>nclu<br>Do r | nin 2 years before asferred in the ordinate both outright transition include gifts and No Yes. Fill in the detail Person Who Received To Number Street  City  Person's relationship  | you filed for bankru Inary course of your ansfers and transfers I transfers that you ha ils  Transfer  State ZIP Code | business or financial affairs? made as security (such as the gra ave already listed on this statemen  Description and value of propert transferred | nting of a security interest or n t.  y Describe any property | norigage on your pro                    | perty).<br>Date transfer |
| ran<br>nclu<br>Do r | nin 2 years before sferred in the ordinate both outright transition include gifts and No Yes. Fill in the detail Person Who Received Total Number Street  City  Person's relationship  | you filed for bankru Inary course of your ansfers and transfers I transfers that you ha ils  Transfer  State ZIP Code | business or financial affairs? made as security (such as the gra ave already listed on this statemen  Description and value of propert transferred | nting of a security interest or n t.  y Describe any property | norigage on your pro                    | perty).<br>Date transfer |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Page 48 of 51 Document

MCQUEEN

| are                | a beneficiary? (Th  | e you filed<br>ese are of             | l for bankrup<br>iten called as | otcy, did you transfer any propert<br>set-protection devices.)       | ty to a self-settled tr   | ust or similar device of w                           | rhich you              |
|--------------------|---|---------------------------------------|---------------------------------|--|---|--|------------------------|
|                    | No<br>Yes. Fill in the detai  | ils.                                  |                                 |  |   |  |                        |
|                    |   |                                       |                                 | Description and value of the prope                                   | rty transferred   |  | Date transfer was made |
|                    | Name of trust   |                                       |                                 |  |   |  |                        |
|                    |   |                                       |                                 | , Instruments, Safe Deposit  |   |  | henefit                |
| clos<br>Inc<br>bro | sed, sold, moved,<br>iude checking, sav<br>kerage houses, pe<br>No                                    | or transfe<br>/ings, mo<br>ension fur | rred?<br>ney market, (          | or other financial accounts; certitives, associations, and other fin | ficates of deposit; s   |  |                        |
|                    | Yes. Fill in the det  | ails.                                 |                                 | Last 4 digits of account number                                      | Type of account or instrument   | Date account was closed, sold, moved, or transferred | Last balance befo      |
|                    | Name of Financial Ins   | thution                               |                                 |  |   |  |                        |
|                    | Matta of Elitericial His  | ###OOII                               |                                 | xxxx   | Checking  |  | \$                     |
|                    | Number Street   |                                       |                                 | xxxx <b></b>   | Savings  Money market   |  | \$                     |
|                    |   | State                                 | ZIP Code                        | xxxx   | Savings   |  | \$                     |
|                    | Number Street   | State                                 | ZIP Code                        | xxxx   | □ Savings □ Money market □ Brokerage  |  | \$<br>\$               |
|                    | Number Street  City   | State                                 | ZIP Code                        |  | Savings  Money market  Brokerage  Other  Checking   |  | \$<br>\$               |
|                    | Number Street  City  Name of Financial Inst   | State                                 | ZIP Code                        |  | Savings  Money market  Brokerage  Other  Checking  Savings  Money market                          |  | \$<br>\$               |
| sec<br>M           | Number Street  City  Name of Financial Inst Number Street   | State State did you h                 | ZIP Code                        |  | Savings  Money market  Brokerage  Other  Checking  Savings  Money market  Brokerage  Other        | -<br>sit box or other depositor                      | \$<br>\$               |
| sec                | Number Street  City  Name of Financial Institute Street  City  you now have, or curities, cash, or o' | State State did you h                 | ZIP Code                        | xxxx   | Savings  Money market  Brokerage  Other  Checking  Savings  Money market  Brokerage  Other  Other | sit box or other depositor                           |                        |
| sec                | Number Street  City  Name of Financial Institute Street  City  you now have, or curities, cash, or o' | State did you h ther valua            | ZIP Code                        | XXXX   | Savings  Money market  Brokerage  Other  Checking  Savings  Money market  Brokerage  Other  Other |  | Do you st<br>have it?  |

**VINITA** 

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 49 of 51

| <b>21</b> No   | red property in a storage t  |   |  | ,                                  |
|--|--|---|--|------------------------------------|
|  | in the details.  |   |  |                                    |
|  |  | Who else has or had access to it?   | Describe the contents  | Do you si<br>have it?              |
|  |  |   |  | □ No                               |
| Name of  | Storage Facility   | Name  |  | Yes                                |
| Number   | Street   | Number Street   |  |                                    |
|  | <del></del>  | City State ZIP Code   |  |                                    |
| City   | State ZIP Cod  | de .  |  |                                    |
| Do you hold  |  | old or Control for Someone Else nat someone else owns? Include any p  | roperty you borrowed from, are storing t   | for,                               |
| Yes. Fill  | in the details.  |   | <b>.</b>   | Melice                             |
|  |  | Where is the property?  | Describe the property  | Value                              |
| Owner's  | Name   |   |  | \$                                 |
|  |  |   |  |                                    |
| -  |  | Number Street   |  |                                    |
| Number   | Street   | Number Street   |  |                                    |
|  |  | City State ZIF  | Code   |                                    |
| City   | State ZIP Coc  | City State ZIF  | Code   |                                    |
| City   |  | City State ZIF  | Code   |                                    |
| City 1: 10: G  | State ZIP Coo  | City State Zif  |  |                                    |
| City  1 10: G  the purpos  Environmenta  | State ZIP Cookies of Part 10, the following intal law means any federal, or toxic substances, waste  | City State Zif  | encerning pollution, contamination, release  | ases of<br>lium,                   |
| the purpose Environment hazardous including si   | State ZIP Cooling of Part 10, the following of tall law means any federal, or toxic substances, waste tatutes or regulations contany location, facility, or principles.  | City State Zife  ronmental Information  definitions apply: , state, or local statute or regulation costs, or material into the air, land, soil, surpoiling the cleanup of these substance   | encerning pollution, contamination, release  | ium,                               |
| the purpose the pu | State ZIP Coordinate of Part 10, the following ental law means any federal, or toxic substances, waste tatutes or regulations contany location, facility, or prused to own, operate, or unaterial means anything a   | City State Zife  ronmental information  definitions apply: , state, or local statute or regulation coes, or material into the air, land, soil, surolling the cleanup of these substance operty as defined under any environm tilize it, including disposal sites.   | oncerning pollution, contamination, relea<br>urface water, groundwater, or other med<br>s, wastes, or material.  | ium,<br>e, or                      |
| the purpose Environment hazardous including si Site means utilize it or Hazardous substance,   | State ZIP Coordinate of Part 10, the following intal law means any federal, or toxic substances, waste tatutes or regulations continuany location, facility, or prused to own, operate, or unaterial means anything a hazardous material, pollut   | City State Ziferenmental Information  definitions apply: , state, or local statute or regulation costs, or material into the air, land, soil, surolling the cleanup of these substance operty as defined under any environmentilize it, including disposal sites.  In environmental law defines as a haza   | encerning pollution, contamination, release<br>urface water, groundwater, or other med<br>es, wastes, or material.<br>ental law, whether you now own, operate<br>rdous waste, hazardous substance, toxi                          | ium,<br>e, or                      |
| the purpose Environment hazardous sincluding | State ZIP Coordinate of Part 10, the following intal law means any federal, or toxic substances, waste tatutes or regulations contany location, facility, or prused to own, operate, or unaterial means anything a hazardous material, pollutices, releases, and proceed   | city State Zironmental Information  definitions apply: , state, or local statute or regulation costs, or material into the air, land, soil, surrolling the cleanup of these substance operty as defined under any environmentilize it, including disposal sites.  In environmental law defines as a haza ant, contaminant, or similar term.  lings that you know about, regardless  | encerning pollution, contamination, release<br>urface water, groundwater, or other med<br>es, wastes, or material.<br>ental law, whether you now own, operate<br>rdous waste, hazardous substance, toxi                          | ium,<br>e, or<br>ic                |
| the purpose Environment hazardous sincluding si Site means utilize it or the Hazardous substance, port all notice thas any gother No.  | State ZIP Coordinate of Part 10, the following intal law means any federal, or toxic substances, waste tatutes or regulations contany location, facility, or prused to own, operate, or unaterial means anything a hazardous material, pollutices, releases, and proceed   | city State Zironmental Information  definitions apply: , state, or local statute or regulation costs, or material into the air, land, soil, surrolling the cleanup of these substance operty as defined under any environmentilize it, including disposal sites.  In environmental law defines as a haza ant, contaminant, or similar term.  lings that you know about, regardless  | encerning pollution, contamination, release<br>inface water, groundwater, or other medies, wastes, or material.<br>ental law, whether you now own, operate<br>indous waste, hazardous substance, toxion                          | ium,<br>e, or<br>ic                |
| the purpose Environment hazardous sincluding si Site means utilize it or the Hazardous substance, port all notice thas any gother No.  | State ZIP Cooling the part 10, the following atal law means any federal, or toxic substances, waste tatutes or regulations cont any location, facility, or prused to own, operate, or utimaterial means anything a hazardous material, pollutices, releases, and proceed wernmental unit notified your series are series. | city State Zironmental Information  definitions apply: , state, or local statute or regulation costs, or material into the air, land, soil, surrolling the cleanup of these substance operty as defined under any environmentilize it, including disposal sites.  In environmental law defines as a haza ant, contaminant, or similar term.  lings that you know about, regardless  | encerning pollution, contamination, release<br>inface water, groundwater, or other medies, wastes, or material.<br>ental law, whether you now own, operate<br>indous waste, hazardous substance, toxion                          | ium,<br>e, or<br>ic                |
| the purpose the pu | State ZIP Cooling the part 10, the following atal law means any federal, or toxic substances, waste tatutes or regulations cont any location, facility, or prused to own, operate, or utimaterial means anything a hazardous material, pollutices, releases, and proceed wernmental unit notified your series are series. | city State Zironmental Information  definitions apply: , state, or local statute or regulation costs, or material into the air, land, soil, surcelling the cleanup of these substance operty as defined under any environmentilize it, including disposal sites.  In environmental law defines as a haza ant, contaminant, or similar term.  lings that you know about, regardless u that you may be liable or potentially                        | encerning pollution, contamination, release<br>urface water, groundwater, or other medies, wastes, or material.<br>ental law, whether you now own, operate<br>rdous waste, hazardous substance, toxion<br>of when they occurred. | ium,<br>e, or<br>ic<br>mental law? |
| the purpose in azardous of cluding sittle means utilize it or cluding sittle means uti | State ZIP Cool in the policy of Part 10, the following at all aw means any federal, or toxic substances, waste tatutes or regulations contany location, facility, or prused to own, operate, or utimaterial means anything a hazardous material, pollutices, releases, and proceed wernmental unit notified you lin the details.   | city State Zironmental Information  definitions apply: , state, or local statute or regulation costs, or material into the air, land, soil, surcelling the cleanup of these substance operty as defined under any environmentilize it, including disposal sites.  In environmental law defines as a haza ant, contaminant, or similar term.  lings that you know about, regardless u that you may be liable or potentially                        | encerning pollution, contamination, release<br>urface water, groundwater, or other medies, wastes, or material.<br>ental law, whether you now own, operate<br>rdous waste, hazardous substance, toxion<br>of when they occurred. | ium,<br>e, or<br>ic<br>mental law? |
| the purpose Environment hazardous sincluding si Site means utilize it or Hazardous substance, nort all notice has any government of the side of the si | State ZIP Cooking the of Part 10, the following that law means any federal, or toxic substances, waste tatutes or regulations contany location, facility, or prused to own, operate, or unaterial means anything a hazardous material, pollutices, releases, and proceed wernmental unit notified you in the details.  | City State Zife  ronmental Information  definitions apply: , state, or local statute or regulation colors, or material into the air, land, soil, surcelling the cleanup of these substance operty as defined under any environmentialize it, including disposal sites.  In environmental law defines as a hazarant, contaminant, or similar term.  lings that you know about, regardless that you may be liable or potentially  Governmental unit | encerning pollution, contamination, release<br>urface water, groundwater, or other medies, wastes, or material.<br>ental law, whether you now own, operate<br>rdous waste, hazardous substance, toxion<br>of when they occurred. | ium,<br>e, or<br>ic<br>mental law? |

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 50 of 51

**MCQUEEN** Case number (# known)\_ Debtor 1 25. Have you notified any governmental unit of any release of hazardous material? ☑ No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State ZIP Code 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. ZÍ No A Yes. Fill in the details. Status of the Court or agency Nature of the case case Case title\_\_\_\_\_ Pending Court Name On appeal Number Street ☐ Concluded Case number City State ZIP Code Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business Employer Identification number Do not include Social Security number or ITIN. **Business Name** EIN: \_\_\_ \_\_ -\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Number Street Dates business existed Name of accountant or bookkeeper From \_\_\_\_\_ To \_\_\_\_ City State ZIP Code Employer Identification number Describe the nature of the business Do not include Social Security number or ITIN. Business Name EIN: \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Number Street Dates business existed Name of accountant or bookkeeper From \_\_\_\_\_ To \_\_\_\_\_ ZIP Code

Case 16-40479 Doc 1 Filed 12/28/16 Entered 12/28/16 12:20:45 Desc Main Document Page 51 of 51

**MCQUEEN** Debtor 1 Case number (if known)\_ **Employer Identification number** Describe the nature of the business Do not include Social Security number or ITIN. **Business Name** Number Street Name of accountant or bookkeeper Dates business existed From \_\_\_\_\_ To \_\_\_\_ City ZIP Code 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. ☐ No Yes, Fill in the details below. Date Issued Name MM / DD / YYYY Number Street City State ZIP Code Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Vinita V McQueen Signature of Debtor 1 Signature of Debtor 2 Date 12/22/2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? V ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☑ No Yes. Name of person\_\_\_\_ Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).